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ROYAL COMMISSION OF INQUIRY INTO CERTAIN
DEATHS AT THE HOSPITAL FOR SICK CHILDREN AND
RELATED MATTERS.

Hearing held
8th floor
180 Dundas Street West
Toronto, Ontario

The Honourable Mr. Justice S.G.M. Grange	Commissioner
P.S.A. Lamek, Q.C.	Counsel
E.A. Cronk	Associate Counsel
Thomas Millar	Administrator

Transcript of evidence
for

February 29, 1984

VOLUME 112

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AND RELATED MATTERS.

3
4 Hearing held on the 8th Floor,
180 Dundas Street West, Toronto,
Ontario, on Wednesday, the 29th
5 day of February, 1984.

6 - - - - -
7 THE HONOURABLE MR. JUSTICE S.G.M. GRANGE - Commissioner
8 THOMAS MILLAR - Administrator
9 MURRAY R. ELLIOT - Registrar
10 - - - - -

11 APPEARANCES:

12 E. CRONK Commission Counsel
13 D. HUNT) Counsel for the Attorney
14 L. CECCHETTO) General and Solicitor General
15 of Ontario (Crown Attorneys
and Coroner's Office)
16 I.J. ROLAND) Counsel for The Hospital for
17 R. BATTY) Sick Children
18 B. PERCIVAL, Q.C.) Counsel for The Metropolitan
19 D. YOUNG) Toronto Police
20 K. CHOWN Counsel for numerous Doctors
21 at The Hospital for Sick
22 Children
23 E. McINTYRE Counsel for the Registered
24 Nurses' Association of Ontario
25 and 35 Registered Nurses at
H. SOLOMON Counsel for The Ontario
Registered Nursing Assistants

(Cont'd)



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APPEARANCES (CONTINUED)

2

D. BROWN Counsel for Susan Nelles -
Nurse

4

E. FORSTER Counsel for Phyllis Trayner -
Nurse

5

M. ROSENBERG Counsel for Sui Scott -
Nurse

6

J.A. OLAH Counsel for Janet Brownless -
R.N.A.

8

B. JACKMAN Counsel for Mrs. M. Christie -
R.N.A.

9

S. LABOW Counsel for Mr. & Mrs. Gosselin,
Mr. & Mrs. Gionas, Mr. & Mrs.
Inwood, Mr. & Mrs. Turner, Mr. &
Mrs. Murphy (parents of deceased
children)

12

F.J. SHANAHAN Counsel for Mr. & Mrs. Dominic
Lombardo (parents of deceased
child Stephanie Lombardo); and
Heather Dawson (mother of
deceased child Amber Dawson)

15

W.W. TOBIAS Counsel for Mr. & Mrs. Hines
(parents of deceased child
Jordan Hines).

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18 VOLUME 112

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--- Upon commencing at 10:00 a.m.

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THE COMMISSIONER: I think before we have our witness we are going to discuss the problems of Phase 1 and Phase 2.

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I think I will call on you first, Mr. Percival.

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MR. PERCIVAL: Mr. Commissioner, I have been concerned as to what will transpire with reference to this witness, and the series of other witnesses being the nurses in question, in relation to your ruling of yesterday. I don't question your ruling, I am just trying to obtain some guidance from you. Sometimes people blunder into things in cross-examination and I would like to get it straight.

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My recollection is that before we began with this series of nurses and had merged the two Phase 1 and Phase 2, we had heard some evidence from various Hospital personnel and from doctors that took us up to the time of the police arrest of Susan Nelles. I can remember that there was certainly some questions relating to Hospital personnel and doctors involved involving for instance meetings with coroners, the meetings on the Monday and the Tuesday, and the scheduled meeting for the Wednesday.

Now, I was wondering if you, sir, could



A.2

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2 give us some indication as to where you propose the
3 dividing line is. I would think that, at least
4 speaking for myself, I would like to canvass at least
5 with this witness and some of the others any of the
6 events that took place up until the time of the
7 police arrest of Susan Nelles. Beyond that I would
8 think that we are into that merging into that Phase 2
9 aspect of it. I know that the meeting on the night
10 of March the 23rd was at this witness' house; I think
11 she has some meaningful evidence to give in this
regard.

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THE COMMISSIONER: Yes, but there is

almost no question this witness will have to come
back, whether the other witnesses will have to come
back or not, or the ones to come, but this one I think
clearly will have to come back. I must confess my
first thought would be somewhere on the date of
March the 22nd, somewhere on that date, which would
exclude the meeting of the 23rd. The difficulty
with the meeting on March 23rd is that the main
thrust of that meeting, at least the only one I can
see so far relates to the investigation, it does not
relate to the cause of death, except for the evidence
we have had as to what was said about Kevin Pacsai,
and that is the only thing I know of that took place,



A.3

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but perhaps I am wrong.

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MR. PERCIVAL: I think there was some other evidence involving other baby deaths and higher digoxin, et cetera. There was some evidence from other people, but I don't want to get into that aspect of it.

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THE COMMISSIONER: Would it inhibit you if we stopped the Phase 1 at say some time on - even midnight of March the 22nd, that is the Sunday. You understand of course that anything that happened afterwards that relates to the cause of death of course, and that includes the meeting on Monday, if it relates to the cause of death it can be brought out, if it relates only to the investigation it should be brought out later.

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Now I think I have said to some counsel that there may be some pretty innocent questions that are Phase 2 questions that will go by without anyone taking objection, but I don't want any serious questions to clearly relate only to Phase 2 and are perhaps of importance that should be attempted in this phase. The problem with it is the problem of we get into people's beliefs.

MR. PERCIVAL: I quite understand that.

THE COMMISSIONER: The basis for their



A. 4

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2 beliefs may well be evidence, their beliefs themselves
3 without any basis are not evidence, that is all, not
4 in this phase.

5 MR. PERCIVAL: I well understand that.
6 I will accept whatever ruling you give, sir, in
7 relation to it, I just want to know --

8 THE COMMISSIONER: Could I just try that
9 out with everybody. If we make it midnight on the
10 22nd, March 22nd-23rd, that midnight of March 22nd-
11 23rd as to timing, bearing in mind always that anything
12 that happened afterwards, anything that anyone said
13 afterwards that bears upon the cause of death is
14 still admissible in this phase. I want everybody
15 to understand clearly that this phase will be over
16 when we have completed our evidence on the phase, and
17 I don't want to hear any other evidence with respect
18 to it, mind you it may happen that we may have to.

19 MR. PERCIVAL: Yes.

20 THE COMMISSIONER: I don't want it to
21 be heard merely because somebody forgot it, or
22 somebody was under some misapprehension that it was
23 relevant only to Phase 2. If it is relevant to
24 Phase 1 I want to hear it, or at least I want to
25 have it tendered, because we must complete Phase 1,
and I intend to have argument on Phase 1 as soon as



A.5

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2 we have finished. So obviously it will be impossible
3 if some of it is being saved for Phase 2. Well, I
4 take it you have no objection to midnight of March
5 22nd-23rd. Yes? Do some of you have some objection
6 to that?

7 MS. FORSTER: No, sir. I just want
8 to clarify one point.

9 I assume if there is evidence that
10 occurred in a discussion of say who-done-it, that
11 was prior to March the 22nd, that is properly Phase 2
12 and not Phase 1, I assume it is not admissible simply
13 because of the date.

14 THE COMMISSIONER: No, I am sorry,
15 would you say that again?

16 MS. FORSTER: Supposing just as a
17 hypothetical that two people had a discussion prior
18 to March 22nd about whether there were murders and
19 who might have committed those murders, and there
20 is no basis for that other than - is that still
21 Phase 2?

22 THE COMMISSIONER: No, if there is no
23 basis for it I don't want to hear it. No, it still
24 would be Phase 2 if it is before that.

25 MS. FORSTER: Okay.

THE COMMISSIONER: I think I have



A.6

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2 ruled before, and it may not have been openly, but
3 certainly it was privately that we are not going to
4 hear anybody's speculation unless there is a basis
5 for it, but unfortunately the speculation as we all
6 know is relevant to Phase 2.

7 MS. FORSTER: Certainly.

8 THE COMMISSIONER: So we have to hear
9 about Phase 2.

10 MS. FORSTER: I simply wanted to
clarify that no matter what the date was.

11 THE COMMISSIONER: No, by all means,
12 if somebody starts talking about speculation without
13 any preparation, that is any evidentiary preparation
14 as to what the basis for it was, by all means get on
15 your feet and remind me of that ruling.

16 Yes, Mr. Brown?

17 MR. BROWN: Sir, with respect to
18 Mr. Percival's comments, Phase 2 regards not only
19 the prosecution of Susan Nelles but the investigation
and the charges, and I believe that language was
used in the Order-in-Council.

20 THE COMMISSIONER: Yes.

21 MR. BROWN: Now, as short as the
22 investigation was I believe it commenced on the
23 morning of Sunday, March the 22nd.

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A.7

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THE COMMISSIONER: It really started, I
think, and some preliminaries as early as
Friday, was it not?

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MR. BROWN: There were some preliminaries
but the police did not physically move into the
Hospital until Sunday morning.

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THE COMMISSIONER: Well, we will be in
a very delicate position. If it is investigation, if
is just investigation and it took place on Sunday,
the difficulty is it is going to be awfully hard to
tell, because remember Justin Cook died on Sunday.

MR. BROWN: Well, I appreciate that,
and maybe it is a moot point, and certainly some of
the forthcoming witnesses were not present in the
Hospital on the Sunday.

THE COMMISSIONER: No.

MR. BROWN: The only point I would
like to make is that the investigation didn't start
at midnight on Sunday, it started on Sunday morning.
I think the proper line should be drawn there with
respect, it might be a moot point.

MR. PERCIVAL: There was a meeting that
afternoon, there was a meeting on the Saturday, if
you want to cut it off.

THE COMMISSIONER: We can't cut it off



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before Sunday, Mr. Brown, because there obviously are events that took place on Sunday that have to be - the investigation proper though should be in Phase 2, you are quite right.

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MR. BROWN: Oh yes. Justin Cook died Sunday morning and there were a number of events after his death, but the police moved into the Hospital shortly thereafter.

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THE COMMISSIONER: Yes.

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MR. BROWN: I would suggest that is

when we consider the genesis of Phase 2..

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THE COMMISSIONER: Yes, we can, but it is not as simple as that unfortunately, because remember there were events taking place on Saturday and on Sunday that applied both to the cause of death and to the investigation. For instance, the locking up of digoxin were all part - besides being part of the first phase, they are also part of the second phase, so we have to hear it. We have to have what went on and the supervisors in the Hospital on the Sunday taking over the medications and that sort of thing, that all has to come out, but that is also conceivably Phase 2 as well. I don't mind if we err, we have to err on the side of including anything that is - relates to the cause of death,



A.9

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we have to do it because as I say I am closing off
that evidence.

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Yes, Mr. Tobias?

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MR. TOBIAS: Mr. Commissioner, just so
I can be clear. I take it it is not so much a
question of the time?

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THE COMMISSIONER: As to the nature?

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MR. TOBIAS: I think when you gave your
ruling yesterday that the time at which certain
evidence took place is somehow irrelevant, the test
should be why is the evidence being elicited?

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THE COMMISSIONER: That is right, you
are quite right.

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MR. TOBIAS: And in that case why is
the evidence being elicited -- can I suggest --

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THE COMMISSIONER: An onus will fall
upon anybody who wants to go after Sunday to prove
that it is part of the cause of death.

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MR. TOBIAS: In fact, whether it is
before or after Sunday I would suggest in light of
Miss Forster's comments that onus has to be discharged.

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THE COMMISSIONER: I am not too sure
which way the onus goes if it is before Sunday.

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MR. TOBIAS: Hypothetically if I were
to ask a question about belief, or knowledge, or

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interaction, regardless of what time that I am dealing
with it either before the Sunday or after --

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THE COMMISSIONER: Yes.

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MR. TOBIAS: -- I would think given
your ~~said~~ that I would have to demonstrate to your
satisfaction that that was relevant to how the baby
died.

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THE COMMISSIONER: Yes, all right.

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MR. TOBIAS: Do I have the test
correctly then?

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THE COMMISSIONER: Yes, I think so, it
is going to be difficult and we are going to have to
apply it each time, but bear in mind if you start
asking now about something that took place after
Sunday, and I want you to apply your mind to the
problem as to whether this really had something to
do with the cause of death.

Yes, Mr. Hunt?

MR. HUNT: One comment arising out of

Miss Forster's comments.



B
BB/cr

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2 She asked you whether evidence
3 coming before that date related to speculation as
4 to who did it or whether it was murder was also
5 covered by Phase 2. I would agree that speculation
6 is to who did it coming before the date falls
7 clearly within this division that we have in Phase
8 1, and Phase 2, but surely comments passing
9 between personnel prior to the date of March 22nd
10 and the question of whether or not there were murders
11 taking place, regardless of who was doing it, is
12 clearly relevant on Phase 1, and that that type of
13 comment would be admissible at this stage and wouldn't
14 be covered.

15 THE COMMISSIONER: I would think so,
16 I would think so. I don't know whether any one has
17 any other views on that. We have had many of those
18 comments before without objection and I think that
19 it does have something to do -- Yes, Mr. Tobias?

20 MR. TOBIAS: I'm sorry, Mr.
21 Commissioner, but now I am thoroughly confused.
22 Speculation regarding who did it, if there is a
23 basis for the speculation and only if there is a
24 basis for the speculation would be as much a part
25 of Phase 1, I submit, as it would be of Phase 2.

26 THE COMMISSIONER: I am sorry, if



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There is a basis, yes, but it is the basis that makes it admissible, not the speculation, the basis.

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MR. TOBIAS: Oh, I understand that, I understand that it is the basis but I take it that the premise upon which we are still operating until events dictate otherwise is that the identity is as much a part of the means as the administration. So that if there is speculation with a basis which goes to identity, that is relevant to Phase 1 as well as Phase 2.

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THE COMMISSIONER: Well, the basis is certainly relevant to Phase 1.

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MR. TOBIAS: All right.

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THE COMMISSIONER: The actual speculation itself may not be as to the identity, the identity itself may not be.

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Now, Miss Cronk, you wanted to say something?

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MS. CRONK: Yes. There is just one aspect that Mr. Percival's remarks remind me of.

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Mr. Brown and Mr. Percival are quite correct that there were certain meetings involving the Metropolitan Toronto Police that took place on Sunday, March 22nd. Quite apart from those meetings however there were events that took place that day, as you have



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3 2 alluded to, with respect to the digoxin lockup, with
3 respect to the arrival and involvement of supervisors
4 that also took place on the wards that day.

5 It would be my suggestion, and perhaps
6 this is quite clear already to Mr. Brown and Mr.
7 Percival, however, that any meetings involving the
8 police in the hospital on the Sunday, unless something
9 emanated from the meetings that bears on cause of
death should not be dealt with.

10 What I am really saying is that there
11 is a series of meetings on the Sunday, some of which
12 I propose to deal with with this witness, but that
13 excludes the one that involves the Metropolitan
14 Toronto Police.

14 THE COMMISSIONER: Yes. I don't
15 think Mr. Percival is opposed to that. The date is really
16 to ring a bell in everybody's mind.

17 Anyone else any comments? We will have
18 lots of comments as we go along, it is not going to
19 be easy but we will just have to deal with it as
20 best we can.

21 Yes?

21 MR. PERCIVAL: Thank you very much,
22 Mr. Commissioner, it is helpful certainly to me and
23 hopefully to other counsel.

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THE COMMISSIONER: All right, thank you.

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Now, Ms. Cr . . .

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MS. CRONK: Thank you, sir. Mrs.

5

Radojewski

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ELIZABETH RADOJEWSKI, recalled.

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DIRECT EXAMINATION BY MS. CRONK: (Continued)

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Q. Mrs. Radojewski, I would like to start this morning by discussing with you the death of Bruce Floryn. You will perhaps recall that that child died on February 7th, 1981 on Ward 4B at approximately 6:20 in the morning. It is my understanding, however, that you worked an eight hour day shift on February 6th, that is, the day before he died.

I have that correctly?

A. Yes.

Q. Do you recall seeing the child on February 6th and, if so, what did you understand his condition to be when you last saw him?

A. I'm unsure if I saw him on February 6th. My recollection of him is being in one of the single rooms on 4B and I would pass through 4B on my way to 4A and I saw him in that respect and I would just stop by and say hello in the morning.

Q. Do you recall now whether or not



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5 2 there was a 'do not resuscitate' order in place
3 with respect to that child? It is my understanding
4 that there was.

5 A. Yes.

6 Q. Could I ask you to turn please
7 to the tour end reports. Again, Mr. Registrar, that
is Exhibit 360

8 Could I ask you to turn if you would
9 please to page 109, Mrs. Radojewski.

10 A. Yes.

11 Q. Do you have that?

12 A. Yes.

13 Q. This is the tour end report for
14 February 5th, 1981. I recognize that because the
15 child was on Ward 4B you would not in normal circum-
16 stances have had any involvement in the preparation of
17 the tour end reports concerning him.

18 A. Yes.

19 Q. I draw your attention, however,
20 to the entries that were made for the day shift on
21 February 5th which appear to suggest that his
22 condition at that time was regarded by the nursing
23 staff as being terminal.

24 A. Yes.

25 Q. And as well there is confirmation



Radojewski
dr. ex. (Cronk)

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6 2 that a 'do not resuscitate' order and no Code 25
3 order was in place, do you see that?

4 A. Yes.

5 Am I correct further that both
6 during the evening and the long night shifts on that
7 day his condition was recorded as having been changed from
8 that described during the day.

9 A. Yes.

10 Q. And then if we turn to the next
11 day, February 6th, and to the back of the page where
12 the day entries appear, once again there is a
13 repetition I suggest during the day time entries of
14 the terminal nature of the child's illness and as
15 well that there was to be no resuscitation in the
16 event that he ran into serious difficulties and
17 there is reference as well to his having received a
18 Brompton's Cocktail, do you see that?

19 A. Yes.

20 Q. All right. We have heard before
21 that a Brompton's Cocktail is an amalgam or
22 combination of a number of different kinds of medica-
23 tions or drugs that can be given to a child.

24 A. Yes.

25 Q. And what is its purpose?

A. Its purpose really is to



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And would it be given in any
circumstances in your experience, save where the
particular patient was experiencing a great deal of
pain?

6

A. No, just with terminally ill
patients who are having pain is my experience with
Brompton's Cocktail.

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Would it be fair to suggest that
it is designed to ease the patient's condition as
much as possible under the circumstances?

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A. Yes.

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Q. And once again during the evening
and the long night notes for that child immediately
prior to the recording of his death, it appears that
his condition remained unchanged.

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A. Yes.

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Q. All right. Did you at any time
following the death of Bruce Floryn have occasion to
discuss his death with any members of the nursing
staff on Wards 4A or 4B?

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A. There were some concerns
brought to me about Bruce Floryn's death by the
team leaders of 4A/B.

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Q. All right. When you say team



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8 2 I didn't know, which team leaders are you
3 talking about.

4 A. I don't recall exactly which
5 team leaders,

6 All right. Do you recall now
7 the identity of any of the women who came to you with
8 these concerns?

9 A. No, I'm sorry, I don't.

10 All right. And when did they
11 come to you with these concerns?

12 A. They had had a series of
13 arrests and they had some concerns about the cardiology
14 fellow or fellows, rather, there was more than one,
15 about how they were assisting the nurses during the
16 arrest situations.

17 Q. Well, I am going to ask you in
18 a moment the nature of the concerns that they ex-
19 pressed but can you recall for us now when this
20 discussion took place for the first time?

21 A. From the other notes that went
22 along with those concerns in the week of March 16th
23 to the 20th, somewhere in there.

24 Q. All right. What is it that
25 helps you to date the discussion as having taken place
that week?



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A. There was also a concern -- well, it wasn't a concern raised about Kristin Inwood who died March 13th, but it was just a comment that was made.

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Q. All right. So, I take it then that the earliest time at which the discussion took place was after the death of Kristin Inwood on the 13th of Marc.

9

A. Yes.

10

11

Q. All right. And we will come to this at a later point but as I understand it following the death of Kevin Pacsai you had occasion to discuss certain features of his death with Dr. Fowler. Do I have that correctly?

12

13

A. Yes.

14

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Q. Do you recall when the discussion with Dr. Fowler took place?

16

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A. That also was the week of -- it was either March 18th or 19th, as I am trying to recall, it was that week.

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19

Q. And did your discussion with the team leaders concerning you have told us Bruce Floryn and a comment with respect to Kristin Inwood take place before or after your discussion with Dr. Fowler concerning Kevin Pacsai?

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Can you repeat the first part of

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There are two discussions.

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Yes.

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One with the team leaders from

6

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Yes.

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And that had to do you have told us with Bruce Floryn and a comment about Kristin Inwood

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A. Yes.

11

And I have recalled to your mind a discussion with Dr. Fowler that also took place. Did you have your discussion with the team leaders about Bruce Floryn and Kristin Inwood before or after your discussion with Dr. Fowler, or do you remember?

12

A. That was before.

13

Q. All right. So, it would be before, I take it, the 17th or 18th of March, is that what you said?

14

A. Yes. Dr. Fowler came some time in the middle of that week.

15

Q. All right. And just to assist you with the actual dates, the WIN sheets, as the fastest way of recalling it to mind, they indicate that

16

17



1
2 the Monday of that week was the 16th of March,
3 the middle of the week, Wednesday, was the 18th,
4 Thursday being the 19th. As best as you can recall it
5 then did your discussion with these team leaders take
6 place at the beginning of the week, the 16th or the
7 17th, or do you really have any certainty in your
8 mind at all about the timing?

9 A. I remember using the WIN sheets
10 to try to determine exactly when the concerns were
11 brought to me and it has to be after Friday, the 13th -
12 is it Friday the 13th - yes, because they were brought
13 by the team leaders that were on nights, I assume,
14 because they were involved with the arrest of Kristin
15 Inwood.

16 Q. And as I understand it you did
17 work an 8 hour day shift on Friday, the 13th?

18 A. Yes.

19 Q. But you did not work the weekend,
20 the 14th to the 15th?

21 A. That's right.

22 Q. Can you tell us please, Mrs.
23 Radojewski, whether any other children were discussed
24 by you with the team leaders on this occasion other
25 than Bruce Floryn and Kristin Inwood?



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C/EMT/ko

2 Michelle Manojlovich was
3 ~~discuss-~~

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THE COMMISSIONER: I am sorry, which?

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WITNESS: Michelle Manojlovich.

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COMMISSIONER: Oh, yes.

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THE WITNESS: And Kevin Pacsai.

8

CRONK: Q. Do you recall any
others? Was the death of Jordan Hines discussed at
that meeting?

10

Yes. I am sorry, that was
brought up,

11

Do you recall the deaths of any
other children on the wards being discussed at that
meeting?

14

A. No, I remember - there were five.

15

Q. Did you keep notes of your
discussion with the nurses that day?

17

A. I made some notes, yes. Their
discussion centred around some criticisms of the
cardiology fellows that were on for the arrest, and
to that effect I kept some notes, yes.

20

Q. When did you make the notes?
Was it on the day of the discussion with the team
leaders or was it some time after that?

23

A. It is my recollection I wrote

24

25



C 2

1

2

down that they were telling me their concerns about
[redacted] follows.

4

5

6

7

Q. I am showing to you, Mrs. Radojewski, a series of handwritten notes, some five pages in length, and I would ask you to look at them and tell me if these are the notes you made of your discussions with the team leaders that day?

8

A.

Yes, they are.

9

10

11

A.

They are headed by a reference to Dr. Fowler. His name simply appears at the top of the note.

12

A.

Yes.

13

14

Q. Can you tell me now, please, what concerns were expressed with respect to Bruce Floryn during your discussion --

15

THE COMMISSIONER:

Before we go --

16

MS. CRONK:

Sorry, sir.

17

18

THE COMMISSIONER: Before we go on when was Dr. Fowler put on this? Was Dr. Fowler present at this time?

19

20

THE WITNESS: No, they were bringing these concerns to me to discuss --

21

THE COMMISSIONER:

With Dr. Fowler?

22

THE WITNESS:

Yes.

23

THE COMMISSIONER:

Did you write

24

25



C 3

1

2 Dr. Fowler?

3

THE WITNESS: Yes.

4

THE COMMISSIONER: And that was the
5 purpose of it, was it?

6

THE WITNESS: Yes.

7

THE COMMISSIONER: Can we mark this as
8 an exhibit then? What number are we? 368.

9

--- EXHIBIT NO. 368: Five pages of handwritten
notes, Mrs. Radojewski.

10

THE COMMISSIONER: Yes. Thank you.

11

MS. CRONK: Thank you, sir.

12

Q. Can you tell me, Mrs. Radojewski,
13 please, what the nature of the concerns were that were
14 expressed with respect, for the moment, to Bruce
Floryn? We will deal with the other children later.

15

A. With respect to Bruce Floryn,
16 the team leaders had raised the concern regarding a
17 cardiology fellow by the name of Dr. Su. Dr. Olley
18 had written a "no code" on the patient's chart, on
19 Bruce Floryn's chart, and when that was done our
routine was usually to call a 23.

20

He apparently by what I wrote down -
21 my understanding is he asked what a 23 was. He
22 seemed to be unaware that there was what we call a
23 "no code" written for Bruce Floryn.

24

25



C 4

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2

3

4

5

He asked what meds the child had had and from this I surmised that they were really criticizing his attitude. It was asked in a way as if it may have caused Bruce's arrest.

6

7

8

Q. So that I am clear on the matter, to the best of your recollection this discussion took place amongst yourself and a team leader from each of Ward 4A and 4B?

9

10

A. Yes. I remember there being two.

11

12

Q. Were there more than two? Was there more than one team leader from Ward 4A there?

13

A. No. I am sure there were just the two nurses and myself.

14

15

Q. One from 4A and one from 4B?

A. Yes.

16

17

Q. But you don't recall who they were?

18

A. No.

19

20

Q. Did you have the impression that either or both of those women had been present during the arrest of Bruce Floryn?

21

A. Either one had been.

22

23

Q. All right. And Dr. Su, as I understand it, was a resident at the time?

24

25



1

C 5

2

3

A. I believe he was a cardiology fellow.

4

5

6

7

Q. Was it your understanding on the basis of the discussion that you had with the team leaders that Dr. Su had suggested that the medications the child received may have contributed in some way to his death?

8

9

A. Would you repeat that for me, please?

10

11

Q. Was it your understanding from what you were told that --

12

13

THE COMMISSIONER: She said that.

Didn't she say that?

14

MS. CRONK: I understood her to say something slightly different, sir.

15

THE COMMISSIONER: Yes. All right.

16

17

MS. CRONK: And I am looking at the language of the notes.

18

19

Q. On the basis of the discussion you had with the two team leaders was it your understanding that Dr. Su had suggested that the medications the child had received may in fact have contributed to his death?

22

23

A. What I remember getting from the nurses, there were - the way he expressed himself,

24

25



1

2 that was the attitude he was implying.

3

4 Q. Did they tell you what he had
5 said specifically with respect to the medications the
child had received?

6

A. I can't recall.

7

8 Q. Were you told during that
9 meeting whether or not there had been any suggestion
10 by Dr. Su or any other physician who had been present
11 when Bruce Floryn died as to whether or not digoxin
12 may have been involved in the death of the child?

13

A. I don't recall.

14

15 Q. What did you do as a result of
16 the discussion which you had with the two team leaders
17 concerning Bruce Floryn?

18

19 A. I took all of these concerns to
20 Dr. Fowler.

21

22 Q. All right. Do you recall now
23 when you did that?

24

25 A. Probably that day. I am unsure
exactly when. I know that they were very concerned
and I took these to him as promptly as I could.

26

27 Q. Do you have any clear
28 recollection of when you spoke to Dr. Fowler about
29 the matter?

30

A. No. I can picture him sitting

31

32

33

C 6



1

2 in my office, but I can't remember exactly.

3 Q. Are you clear in your own mind
4 that you did?

5 A. That I did speak to Dr. Fowler?

6 Q. Yes.

7 A. Yes, I am.

8 Q. Did you personally, in light of
9 what the team leaders had told you, review the chart
10 of Bruce Floryn to determine what medication he had
received?

11 A. No, I did not.

12 Q. Did it occur to you to do so?

13 A. I don't recall at the time.

14 Q. Did either of the team leaders
15 during the course of this discussion review with you
the medications he had received?

16 A. They may have mentioned it. I
17 don't recall.

18 Q. What response did you receive
19 from Dr. Fowler when you told him about the concerns
20 that had been raised?

21 A. There were a number of concerns
22 that were raised, and Bruce Floryn was one of them.
23 I can remember a response to the effect that did I
want a cardiologist to stay overnight on the ward.

24

25



C 8

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Q. Mrs. Radojewski, after you

discussed the matter with Dr. Fowler, were any further enquiries made concerning the medications that Bruce Floryn had received about which you were aware?

A. Would you repeat that, please?

Q. After you discussed this with Dr. Fowler, were there any further enquiries made concerning the medications he had received insofar as you were aware?

A. I don't recall.

Q. It could well have been done?

A. It could have, yes.

Q. All right. Did anyone ever suggest to you, be it either of the two team leaders who came to you to raise these concerns with respect to these children or any physician on the wards that there was anything unusual in the terminal events that had been suffered by Bruce Floryn?

A. No.

Q. Did anyone ever suggest to you at any time, be it a physician or a member of the nursing staff, that digoxin toxicity was thought to have contributed to the child's death?

A. Not that I recall.

Q. Did you at any time when you were



1

2 at work on February 6th, the day before he died,
3 personally observe anyone administering any medi-
4 cations to this child?

5 A. No, I did not.

6 Q. When you were told about his
7 death and the concerns expressed by Dr. Su, was it
8 suggested to you then or later that the child's
9 medications that he had received may not have been
10 administered precisely as had been ordered by the
physician?

11 A. I don't recall.

12 Q. Do you recall in fact any
13 further discussion which took place at that meeting
14 with the team leaders concerning the medications
that had been administered to the child?

15 A. No, I don't recall anything
16 further.

17 Q. We will turn to these notes in
18 due course with respect to the other children,
19 Mrs. Radojewski.

20 I am sorry, just before I leave those.
21 At the bottom of your notes concerning Bruce Floryn
22 there appears to be a question mark with "confused"
23 and then the notation "unable to handle arrest" and
"speak to parents".

24

25



1

2 Can you help me, please, as to what
3 the notation refers to?

4 A. It is my recollection it referred
5 to Dr. Su.

6 Q. Was that something that was
7 suggested to you at the meeting?

8 A. Yes.

9 Q. Did you yourself seek out Dr. Su
10 to discuss this matter further?

11 A. No.

12 Q. Did you seek out Dr. Olley to do
13 so?

14 A. No.

15 Q. You had no discussions with
16 either of them concerning this child's death?

17 A. No.

18 Q. Did you bring to Mary Costello's
19 attention the concerns that had been raised with
20 respect to Bruce Floryn?

21 A. I believe Mary was on holidays
22 at that time and that is why the concerns were brought
23 to me.

24 Q. Well, subsequently did you tell
25 her that concerns had been raised with respect to
 his death?



1

2 A. I don't recall.

3

4 Q. Could I ask you to direct your
5 attention now please to Jennifer Thomas. She died,
6 as you may recall, on February 12th, some five or
7 six days later, again at about 3:30 in the morning.

8

9 As I understand it you worked an eight
10 hour day both on February 11th and February 12th. She
11 was admitted to the hospital according to the medical
12 chart, Mrs. Radojewski, on February 11th. That is one
13 day before she died.

14

15 Do you recall seeing the child
16 following her admission to the hospital?

17

18 A. I have no recollection of this
19 child.

20

21 Q. All right. Could I ask you to
22 turn, please, to the tour end reports, number 111.

23

24 Do you have that?

25

A. Yes.

26

27 Q. The first tour end report, page
28 110 - I am referring to the back entries on it - are
29 for February 10, and it records that Jennifer Thomas
30 was expected to arrive on the ward as a transfer from
31 Hamilton. Is that correct?

32

A. Yes.

33

34 Q. And then if we look to the day

35



1

2 entries on February 11th, can you tell me, please,
3 whether they are in your handwriting?

4 A. Yes, they are.

5 Q. Do they record first that the
6 child was admitted from St. Joseph's Hospital?

7 A. Yes.

8 Q. Secondly, that a echocardiogram
had been done?

9 A. Yes.

10 Q. Thirdly, that she was scheduled
11 to go to the operating room on the following day with
12 a poor prognosis?

13 A. Yes.

14 Q. And then in addition they
15 record that the child's condition at the time that
16 you made these entries was stable at that point, and
17 that prostaglandin therapy had been started intra-
venously?

18 A. Yes.

19 Q. Is that correct? And then if
20 we look to the evening note, on February 11th, - I
21 have had some difficulty reading that. Does it
22 suggest that there is no change in her condition, or
can you read it?

23 A. I can't read it. There must have

24

25



1

2 been some change. Her temperature was 39.1.

3 Q. All right. Is that temperature
4 notation in your handwriting?

5 A. No.

6 Q. That was made then during the
7 evening?

8 A. I assume so.

9 Q. And if we look then to the
10 entries for the long night shift that night it again
11 records the prostaglandin therapy, and this time a
12 temperature of 38.

13 A. 38.7, yes.

14 Q. And finally the recording of
15 her death?

16 A. Yes.

17 Q. Am I correct that on the basis
18 of the tour end report, Mrs. Radojewski, the child
19 was neither on shared nor on constant care nursing
20 on February 11th?

21 A. That's right.

22 Q. On a review of the notes which
23 you made during the day on February 11th, do they
24 assist you in determining whether or not you regarded
25 the child's condition at that time as having been
 critical?



1

2

A. By what I have written about
the prostaglandin and keeping the PDA open and PFO,
she was at some risk. I don't know if I would
classify her as critical.

3

4

5

Q. Was there in your mind at the
time any reason to be concerned that she might not
live long enough to reach surgery on the following
day?

6

A. I don't recall.

7

8

9

10

11

12

Q. Do you recall when you left
whether or not she was regarded as being at imminent
risk?

13

14

15

16

17

A. I don't recall.

18

19

20

21

Q. Can you help me as to whether or
not following her death - I take it you would have
learned of it the next day when you reported for work -
any concerns were expressed to you by the nursing staff
regarding the cause of her death?

22

23

24

25

A. I don't recall.

Q. All right. Do you recall any
discussions with respect to this child with anyone
following her death?

26

27

28

29

A. No. I am sorry, I don't.

30

31

32

Q. Could I ask you then to consider
next the case of David Leith.

33

34

35



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Radojewski, dr.ex.
(Cronk)

5229

1

2 David Leith, as you may recall, died on
3 March 6th, 1981 at 10:30 a.m., and he was again a
4 patient on your ward, 4A.

A. Yes.

6 Q. You were working the day of his
death as I understand it, March 6th?

A. Yes.

Q. Do you recall seeing the child
9 that morning prior to his arrest?

10
11

— — — —



1
29feb84
D
DMrc

1
2 A. I am sure I did on rounds;
3 I just can't recall specifically that morning what
4 he looked like.

5 Q. Would you look to page 125
6 of the Tour End Reports, please.

7 Do you recall now whether or not there
8 was a "do not resuscitate" order in place with
9 respect to David Leith, Mrs. Radojewski?

10 A. Yes, I do.

11 Q. Was there?

12 A. Yes.

13 Q. Could I ask you please to
14 look to the daytime entries, starting first with
15 March 5th, the day before his death. Are they in
16 your handwriting?

17 A. On the back of the sheet?

18 Q. Yes.

19 A. No, they are not.

20 Q. Do you know whose handwriting
21 that is?

22 A. It appears to be Mrs.
23 Croswell's.

24 Q. Would I be fair in suggesting
25 that on the basis of the description of his condition
that day he appeared to be deteriorating, and that
fact is recorded by the nurse in charge who completed



1

D2 2 the Tour End Report?

3 A. Yes.

4 Q. Is there any indication on
either the evening or the long night note that was
5 made to suggest that his condition had improved that
6 day?

7 A. No, it had not improved.

8 Q. If we come then to March 6
9 and look to the back of the Tour End Report, I take
10 it that is in your handwriting?

11 A. Yes.

12 Q. Does it record merely the
13 fact that he had died that morning and had arrested
14 at 10:30, and that no resuscitation effort was under-
taken?

15 A. That's right.

16 Q. It records as well, does it
17 not, that his condition had progressively deteriorated?

18 A. Yes.

19 Q. Would it be fair to suggest
20 that was your impression at the time or you would
21 not have recorded it in the Tour End Report in that
language?

22 A. Yes.

23 Q. At any time during the

24

25



1

D3 2 morning of March 6, prior to David Leith's arrest,
3 did you observe anyone administering any medication
4 of any kind to him, Mrs. Radojewski?

5 A. Not that I recall.

6 Q. Did you, in light of what
7 you knew of his condition, based on what you can
8 recall today, have any concerns as to the timing of
his death?

9 A. No, I did not.

10 Q. Did you personally have any
11 concerns as to the cause of his death, given what you
12 knew of his condition?

13 A. No. I had no concerns.

14 Q. Do you recall any concerns
15 on either of those matters being expressed to you by
16 any members of the nursing staff?

17 A. I don't recall any concerns
being expressed about David Leith, no.

18 Q. By anyone?

19 A. No.

20 Q. David died at 10:30 that
21 morning as we have seen from your entry on the Tour
22 End Report. As I understand it there was a death
23 that night on Ward 4A as well, that of Colleen
24 Warner?

25



1
D4 2

A. Yes.

3 Q. She, according to the informa-
4 tion available to us, died at approximately 3:40 in
5 the morning technically on March 7th, and that death
6 would have occurred during the long night shift which
7 started on March 6th.

8 Do I have that correctly?

9 A. Yes.

10 Q. Did you see that child at
any time prior to her death on March 6th?

11 A. No, I did not.

12 Q. It is my understanding that
13 she was admitted in the late evening of March 6th,
14 at approximately 7:36 p.m. In the normal course of
15 events, Mrs. Radojewski, would you have left the
16 ward and gone home for the day?

17 A. Yes.

18 Q. Do you have any personal
recollection of this child's condition that day?

19 A. No.

20 Q. When you came into the
21 Hospital the next day, March 7th, I take it you
22 were informed of the death of David Leith and I take
23 it you would have as well been informed of the death
of Colleen Warner?

24

25



1
D5

2 A. I came back in on the 9th.

3 Q. I'm sorry. When you came
4 back in would you have been informed of the two
5 deaths at that time?

6 A. Yes.

7 Q. Do you recall any concerns
8 being expressed to you by any members of the nursing
9 staff, or by any of the physicians regarding the death
10 of Colleen Warner?

11 A. No, I don't recall any.

12 Q. Were there not concerns
13 expressed to you by the nursing staff arising simply
14 from the fact that there had been two deaths within
15 a 24-hour period on the ward?

16 A. I don't recall.

17 Q. That is not a matter about
18 which you had any specific recollection of having
19 discussed with any of the nurses?

20 A. That's right.

21 Q. Were you yourself concerned
22 to learn then that there had been two deaths within
23 a 24-hour period on the ward?

24 A. I don't recall.

25 Q. Do you recall now whether or
not you were informed as to any decision to report the



1

D6 2 death of Colleen Warner to the Coroner?

3 A. No, I don't recall.

4 Q. Do you know whether or not
5 it was reported?

6 A. No, I don't.

7 Q. Can we turn then to the death
8 of Jordan Hines. You have told us that the death of
9 this child was the subject of some discussion by you
10 with the two team leaders who came to you, you said,
11 as best as you can recall it, in the early part of
12 the week of March 16th. He was a patient on Ward 4B
13 and he was admitted on March 6th and he died on March
14 8th. We know that you were in the Hospital on the
15 day shift on March 6th. Were you there at the time
16 of his admission?

17 A. No.

18 Q. I'm sorry?

19 A. I don't recall that I was.

20 Q. Do you recall seeing him at
21 all on March 6th?

22 A. No.

23 Q. Do you recall having had any
24 discussion with any members of the nursing staff
25 concerning his condition following his admission?

A. No, I don't.



1

D7

2

MS. CRONK: Mr. Registrar, could you show Mrs. Radojewski, please, Exhibit 103, the medical record of Jordan Hines.

5

6

7

8

9

Q. I would ask you to turn if you would please, Mrs. Radojewski, to page 33. The first entry in the progress notes for the child, it is dated March 5, 1981, and it records the time of his admission, as I read it, as being 30 minutes after midnight.

10

A. Yes.

11

12

Q. That, therefore, would have been early in the morning of March 6th.

13

A. Yes.

14

Q. And you, you have told us, came in and worked an 8-hour day shift on March 6th.

15

A. Yes.

16

17

18

Q. I take it that in the normal course of events you probably saw this child when you were making rounds that morning?

19

A. This child is on 4B.

20

Q. I'm sorry. Right. So you would not necessarily have seen him?

21

A. That's right.

22

Q. Could I ask you to turn to the Tour End Reports, please, page 130.

24

25



Radojewski
dr.ex. (Cronk)

1
D8

2 Do you have any recollection of the
3 nurse in charge on Ward 4B on March 6th, informing
4 you as to the nature of Jordan Hines' condition that
5 day?

6 A. Not that I can recall.

7 Q. The day of his admission.

8 A. No.

9 Q. Did you have any understand-
10 ing that day as to whether or not he was regarded to
be in critical condition?

11 A. I don't recall.

12 Q. If we look first at page 129
13 of the Tour End Report, and I would refer you to the
14 entries at the back, these are the entries for the
15 day of Jordan Hines' admission, March 6th. I draw
16 your attention particularly to the long night nursing
17 note and as I read it it records that there was
18 tachycardia and then, in brackets, the word is
"undiagnosed", do you see that?

19 A. Yes.

20 Q. And it records -- can you
21 help me as to what the next line reads? Is that
22 an "infective process"?

23 A. I think that is "? infective
24 process".

25



1
D9

2 Q. It records as well, does it
3 not, that his heart structure was normal?

4 A. Yes.

5 Q. Is there any indication on
6 that day, that is the day of his admission, that he
7 was on either shared care nursing or constant care?

8 THE COMMISSIONER: Would this be the
9 best place to find that?

10 MS. CRONK: It can be found in two
11 different places, sir.

12 THE COMMISSIONER: Yes, but I am just
13 wondering inasmuch as Mrs. Radojewski was not in
14 charge of 4B, if it is in the assignment book, would
15 the assignment book not tell us?

16 MS. CRONK: Yes, it is. The assignment
17 book has it as well, sir, but you can also tell
18 from the front of these reports.

19 THE COMMISSIONER: Yes. All I am
20 asking really is whether we should ask Mrs. Radojewski
21 to tell us that when we can find it ourselves just as
22 well.

23 MS. CRONK: I take your point, sir.

24 Q. It is my understanding that
25 he was not, Mrs. Radojewski, but we will leave that
to the record in the assignment book.



1

D10 2

Could you look please at the Tour
End Report for March 7th and to the back entries
again. As I read these entries, there were some
that were made during the day and the afternoon shift
before the child died, and then after that there was
an entry made recording the fact that he had died.

7

8

Is that a fair interpretation of what
we see here?

9

A. That is fair.

10

11

Q. And if we look to the entries
for the afternoon shift on March 7th -- I'm sorry,
that would be the evening shift, it records that his
IV was being continued, that he remained on -- the
monitor was continued -- well, I'm sorry, should I
be reading that right across or can you help me?

12

13

14

A. It looks like this one was
not done according to how we usually do them in that
you write in one small column. Instead, the nurse
has written right across the page.

15

16

17

18

Q. All right.

A. Just from reading this, I
would assume that what she has written right across
the page is the day shift. What doesn't show up on
here is that the evening supervisor used a different
coloured pencil and the night supervisor again uses a

24

25



1

2 Dll different coloured pencil.

3

4 Q. I see. So if we had the
originals, we could tell which was the entry?

5

A. Yes.

6

7 Q. Reading then across from what
8 appears to be the evening shift entries, it records
9 that the child continued to be on IV therapy; con-
10 tinued to be on both a cardiac and apnea monitor;
11 his apex was regular and no apneic episodes had been
12 noted. Am I reading that correctly?

13

A. Yes.

14

15 Q. Finally, there is an indication
16 that he was stable and the very next indication is
17 that the child died.

18

A. Yes.

19

Q. Is that correct?

20

A. Yes.

21

22 Q. When you returned to the
23 Hospital on March 9th - you have told us you were
24 not there on the 7th and the 8th - were any concerns
25 expressed to you regarding the death of this child
at that time?

26

27 A. I am not sure if it is March
28 9th, there were some concerns raised by the nurses
29 about the death of Hines.

30

31



1

D12

Q. Do you recall which nurses
expressed concerns to you?

4

5

6

A. I can remember that Janet
Brownless brought some concerns to me. She was
extremely upset that the baby had died.

7

Q. Did she tell you why she was
upset?

8

9

10

A. I recall that the Hines

family were either friends or somehow she knew the
family; I don't recall her exact concern.

11

12

13

Q. Did she express any concern
to you at that time as to the cause of the child's
death?

14

15

A. I can remember the comment
that he had a normal heart and she was having diffi-
culty understanding why he died.

16

17

18

Q. Can you recall anyone else
expressing, any member of the nursing staff expressing
concerns to you regarding Jordan Hines' death?

19

20

21

A. I can remember there was
general concern amongst the nurses because the baby
had a normal heart. I can't recall specifically.

22

23

24

25

Q. Was it your impression that
there was a general concern amongst the nurses as to
why the child had died given that he did in fact have



1
D13

2 an anatomically normal heart and that that had been
3 known to the nurses?

4 A. Would you repeat the first
5 part.

6 THE COMMISSIONER: That is just what
7 she said, though, that is almost exactly what she
8 said.

9 MS. CRONK: I am not sure that she
10 told me that the concern was related to the cause of
11 his death and why he died.

12 THE COMMISSIONER: She said the
13 concern was that he had a normal heart. However, if
14 you are not satisfied with the answer, I suppose try
15 it again, but I thought that is what she had said.

16 MS. CRONK: Q. Is that what you
17 intended to say?

18 A. They were concerned because
19 this child had a normal heart.

20 Q. And they seemed puzzled as
21 to why he had died?

22 A. Yes. ~

23 Q. And you don't recall speci-
24 fically, other than Miss Brownless, who raised those
25 concerns with you?

A. No, I don't.



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Q. Could I ask you to look at
the WIN sheets for 4A. I am not sure that you have
them there, Mrs. Radjoweski.

5

It is Exhibit 135, Mr. Registrar.

6

Would you turn please to the entries
of March 9th, Mrs. Radojewski.

7

Do you have those, Mrs. Radojewski?

8

Q. As I read the WIN sheet
entires, as you have told us, you were not in the
Hospital on March 7th or March 8th but you were there
working an 8-hour day on the 9th and 10th.

12

A. Yes.

13

Q. But according to the WIN
sheets Miss Brownless was not working either of those
two days.

15

A. That's right.

16

Q. She did however work a 12-hour
long day shift on March 11th and you, on the same
day, worked an 8-hour shift.

19

A. Yes.

20

Q. I take it then -- was your
discussion with Miss Brownless in the Hospital?

21

A. Yes.

22

Q. I take it then that would have
been the first occasion following the death of Jordan

24

25



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D15

2 Hines that you would have been working at the same
3 time as Miss Brownless and would have had an oppor-
4 tunity to see her following his death at the Hospital?

5 A. Yes.

6 Q. Apart from the concern
7 expressed by Janet Brownless, and the general concern
8 which you understood to exist with the nurses on the
9 ward, you have told us that this child was discussed
again during your discussion with the two team
10 leaders from Ward 4A and 4B?

11 A. Yes.

12 Q. Can you help me please as to
13 what the nature of the discussion was on that
14 occasion regarding this child?

15 A. I can only remember what I
16 wrote and when I reviewed his chart, I realized what
17 they told me wasn't right. They had made a comment,
18 labelled at page 2, Saturday night and they have
written "resuscitate x 4 hours", and I know that
19 that is not correct, but I don't know that I knew that
20 at the time.

21 Q. By not correct, you mean
22 the length of time that a resuscitation effort was
undertaken?

23 A. Yes.

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3 Q. To the best of your recollection,
4 however, was there discussion at that meeting as to
5 the nature of the resuscitation effort that had been
6 undertaken with Jordan Hines or merely as to the
7 length of time?

8 A. All I can go by is what I have
9 written here.

10 Q. You don't have any recollection
11 beyond that?

12 A. No, I can't remember about
13 Hines.

14 Q. Could you show the witness as
15 well please Exhibit 300, Mr. Registrar.

16 I would ask you to turn to the Ward
17 4A meeting book for March, 1981 at the last tab and
18 to the entries contained for March 11th, and I am
19 sorry, sir, once again I can't help you with the page.
20 The date is March 11th, 1981.

21 THE COMMISSIONER: Page 180.

22 MS. CRONK: Thank you, sir.

23 A. Yes.

24 Q. As I read the entries for
25 March 11th, Mrs. Radojewski, it appears that there
was a meeting that day amongst Ward 4A/4B nursing
staff at which a number of recent arrests were discussed.



1

2 A. Yes.

3 Q. Do you recall that meeting having
4 taken place?

5 A. I have no independent recollec-
6 tion other than the fact that it's in this book.

7 Q. Do you remember whether or not
you were there?

8 A. Because that's my writing I
9 would assume I was there to record some of the people
10 that had been there.

11 Q. Do you recall now who was there
12 other than the two women that you have noted in the
13 entries in the ward meeting book?

14 THE COMMISSIONER: I'm sorry, other
than what?

15 MS. CRONK: Q. Other than Carol
16 Putherbough, Carol Browne and Janet Beed. Do you
17 recall now who else was there, Mrs. Radojewski?

18 A. I believe we made sure that Janet
19 would go so that she could express some of her
concerns.

20 Q. Janet Brownless?

21 A. Yes.

22 Q. Do you recall now any others
23 who were there?

24

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A. No, I'm sorry, I don't.

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Q. It is suggested in the ward meeting book that there was concern particularly amongst the ward 4B staff regarding the death of Jordan Hines.

A. Yes.

Q. Do you recall any member of the Ward 4B nursing staff who had been present or who had at the time Jordan Hines had died or who had participated in his care expressing any concerns to you at that meeting other than what you already knew from Janet Brownless was a general concern as to why he died?

A. I don't recall any other specifics.

Q. Do you recall any other children being discussed at that meeting?

A. I don't recall.

Q. What did you do as a result of the concerns that were expressed to you by Janet Brownless and the concerns which you understood to be present amongst other members of the nursing staff with respect to this child?

A. I don't recall.

Q. Did you discuss his death with



1

4 2 any of the staff cardiologists, as best you can now
3 remember?

4

A. I don't recall.

5

6 Q. Do you recall whether during
7 the discussion that you had with Janet Brownless or
8 the meeting on March 11th amongst the 4A and 4B
9 nursing staff or during the discussion that you had
10 with the two team leaders from Ward 4A/4B any mention
11 was made of the possibility that Sudden Infant Death
12 Syndrome could account for the child's death?

11

12 A. I don't recall if it was raised
13 at that time.

14

13 Q. When was the first time that
14 you learned that SIDS had been raised as an explanation
15 for that child's death?

16

A. I don't recall, I am sorry.

17

16 Q. Had you before, Mrs. Radojewski,
17 as a nurse at the Hospital for Sick Children, and
18 particularly a nurse on the cardiology units, ever
19 had exposure to a patient who had died at the
20 hospital where death was attributed to Sudden
21 Infant Death Syndrome?

22

A. Yes.

23

22 Q. Was that a patient who had been
23 in your care or on your ward?

24

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A. No.

3

4

Q. But you did know of patients
who had died in the hospital from Sudden Infant
Death Syndrome.

5

6

A. Yes.

7

Q. All right. Was it in your view
unusual?

8

9

THE COMMISSIONER: Well, perhaps you can
help us by telling us how many.

10

11

THE WITNESS: I had known of two
instances.

12

THE COMMISSIONER: Over what period of
time?

13

THE WITNESS: Much before this. There
was a resident that we got to know very well and his
baby girl had suffered and she was brought into the
hospital and died there.

17

18

THE COMMISSIONER: No, no, but did she
die in the hospital?

19

20

THE WITNESS: Yes. She was resuscitated
but she ended up dying in the hospital and that was
attributable to SIDS.

21

22

THE COMMISSIONER: Yes, but did the
SIDS occur...

23

24

25

THE WITNESS: No, I know of none occurring



Radojewski
dr. ex. (Cronk)

1

6 2 in the hospital.

3 THE COMMISSIONER: Yes, all right.

4 Thank you.

5 THE WITNESS: I'm sorry.

6 MS. CRONK: Q. Mrs. Radojewski, I
7 know that these questions are difficult. Please under-
8 stand that they are being asked certainly by me in an
effort to try and assist the Commissioner.

9 A. Yes.

10 Q. I gather from what you have
11 told the Commissioner that you did know of deaths
12 occurring before attributable to SIDS but that you
13 didn't know of any that had occurred in the hospital.

14 A. That's right.

15 Q. Those two did not.

16 A. That's right.

17 Q. And in this case we know that
Jordan Hines was on both a cardiac and an apnea monitor.
18 Would that in your experience in any way affect the
19 possibility of a child dying of Sudden Infant Death
Syndrome in the hospital? Would it have any bearing
20 on the matter at all?

21 A. I really had very little
22 experience with Sudden Infant Death Syndrome.

23 Q. I take it, can we go this far,

24

25



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2 that one of the purposes of using both kinds of
3 monitors on a child was to ensure that there was a
4 constant form of monitoring in place with respect to
5 the patient at all times?

6

A. Yes.

7

8 Q. And it was hoped that if the
9 child's condition deteriorated in any way or any
10 emergency arose that the monitors would serve to
11 put on notice the nursing and medical staff that
12 were in attendance?

13

A. Yes.

14

15 Q. Would you like a few moments,
16 Mrs. Radojewski?

17

18 Sir, could we take our break perhaps a
19 little earlier at this stage and come back at about
20 20 after 11 and we could continue then?

21

22 THE COMMISSIONER: Yes, yes, if you want
23 that time.

24

25 MS. CRONK: I would recommend that
we take our break now, sir.

26

27 THE COMMISSIONER: Yes, all right.

28

29 Thank you.

30

31 ---Short recess.

32

33 ---Upon resuming.

34

35 THE COMMISSIONER: Yes, Ms. Cronk.

36

37



Radojewski
dr. ex. (Cronk)

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MS. CRONK: Thank you, sir.

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Q. Mrs. Radojewski, before we took our break you told us that at the meeting which took place with the team leaders on 4A and 4B it was suggested to you by someone you now think in error that the resuscitation effort on Jordan Hines had taken approximately four hours. Do you recall that?

A. Yes.

Q. All right. I can tell you from our review of the medical record and from prior evidence it appears that the resuscitation effort was certainly less than four hours and I believe it was one hour and 15 minutes, one hour and 30 minutes. Can you tell me in your experience how long does a normal resuscitation effort last?

A. It is usually about 45 minutes.

Q. All right. If the timing that I have suggested to you on Jordan Hines' resuscitation be accurate, that suggests that a very long resuscitation effort compared to the normal situation was undertaken to try and save that child.

A. Yes.

Q. You have told me as well that as best as you can now recall it you do not remember the identity of the two team leaders that you spoke to about



Radojewski
dr. ex. (Cronk)

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9 2 these five children, although you have told us that
3 as best you can recall it it was the beginning of the
4 week of March 16th. Do I have that correctly?

5 A. Yes.

6 Q. Mrs. Radojewski, to help you
7 with that, do you recall meeting with Commission
8 staff on a number of days last week to prepare and
9 to discuss the evidence that you would be giving
before the Commissioner?

10 A. Yes.

11 Q. Do you remember meeting
12 specifically on Thursday, February 23rd last week?

13 A. Yes.

14 Q. Do you recall the issue of this
meeting with the team leaders coming up then?

15 A. Yes, it did.

16 Q. I suggest to you at that time
17 you indicated that you had a clear recollection that
18 one of the team leaders who had come to you to dis-
cuss these five children was Phyllis Trayner. Do
19 you recall saying that?

20 A. Yes.

21 Q. All right. Now, when you said it,
22 was it clear in your mind that Phyllis Trayner was
23 one of the team leaders that you spoke to?

24

25



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A. When I said it I am sure that
she was, yes.

4

Q. So, I take it this morning you
have told us that you couldn't recall who the two
women were that you did discuss the issue with. Can
you help me as to whether or not anything has happened
between last Thursday and your giving of evidence
today that leads you to be less certain in your own
mind as to who the women were?

10

11

A. No, Other than extreme tension,
no.

12

Q. After you had had your dis-
cussions with the various nurses concerning the death
of --

14

15

THE COMMISSIONER: I'm sorry, before
we leave that. What is your present opinion. Your
opinion prior to last Wednesday was that one of them
was Phyllis Trayner. What is your present opinion,
what is your present recollection? How can you change
it from Wednesday to today without there being some
cause for it?

20

21

THE WITNESS: It is the difficulty of
recalling.

22

23

THE COMMISSIONER: But now all we are
asking you to do is to recall one week, one more week,

24

25



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11 2 and that shouldn't be that difficult. I don't understand it. Did something happen?

3

4 THE WITNESS: No.

5

6 THE COMMISSIONER: Have you no explanation
7 as to why you said one thing last Wednesday and you
8 say something different now?

9

10 THE WITNESS: Other than that I just
11 couldn't recall this morning.

12

13 THE COMMISSIONER: Well...

14

15 THE WITNESS: Well, since she has
16 refreshed my mind I can remember saying to her
17 Phyllis and I can remember...

18

19 THE COMMISSIONER: Yes, but can you
20 remember that it was Phyllis Trayner? It's not really
21 a question of you remember having said it was Phyllis
22 Trayner, do you now remember that it was Phyllis
23 Trayner or do you not? If you don't that's fine. But
24 it is hard for us if you say one thing on one day and
25 then a week later you say something else.

1

2 THE WITNESS: There must have been some
3 uncertainty in my mind then that I couldn't recall that
4 this morning.

5

6 MS. CRONK: Q. I take it then that as
7 you sit here today you are not certain that one of
8 the team leaders who came to you to discuss the deaths
9

10

11



12 2 of these five children was Phyllis Trayner?

3 A. Yes.

4 Q. Could I ask you to look again
5 at the WIN sheets if you would, please, Mrs.

6 Radojewski, for 4A. I would ask you to look if you
7 would please to the week of March 9th again.

8 A. Yes.

9 Q. Do you have that?

10 A. Yes.

11 Q. Now, we know that you were not
12 at work on March 7th or March 8th but you were there
13 on March 9th and you worked an eight hour day.

14 Looking down to the members of the
15 Phyllis Trayner nursing team it would appear that none
16 of them worked on the 9th when you were there.

17 A. Yes.

18 Q. All right. And the same would
19 apply on the 10th when you again worked an 8 hour day
20 shift?

21 A. Yes.

22 Q. And on the 11th you worked
23 an 8 hour day shift and the four members of the Phyllis
24 Trayner nursing team, that is, Mrs. Trayner, Ms.
25 Nelles, Mrs. Scott and Mrs. Christie worked long
nights on the 11th, Janet Brownless, a float member



1

13 2 of the team worked long days and you have told us
3 that that would have been the first time that you
4 saw Janet Brownless following the death of Jordan
5 Hines.

6 A. Yes.

7 Q. I take it however that you would
8 not have seen any of the members of Phyllis Trayner's
9 nursing team nor Phyllis Trayner herself that day
10 because they would have come on for duty after you
had left the hospital.

11 A. Yes.

12 Q. And the following day, that is,
13 Thursday, the 12th, you worked again an 8 hour day shift
14 and the same four members of the Phyllis Trayner
team were scheduled to work long nights.

15 A. Yes.

16 Q. All right. I take it that you
17 would then on the 12th of March have seen Phyllis
18 Trayner, Susan Nelles, Mrs. Scott and Mrs. Christie
19 in the morning when you came on duty for work as
they were preparing to leave?

20 A. Yes.

21 Q. Would it be fair to suggest
22 that that would be the first time then that you would
23 have seen at the hospital any of those women since the

24

25



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Radojewski
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14

1 death of Jordan Hines.

2

3 A. Yes.

4 Q. And as well we know that Kevin
5 Pacsai died in the intensive care unit on the
6 morning of March 12th but did not die until approximately
7 10:00 in the morning, that is, after the shift change
8 would have been complete.

9

10 A. Yes.

11 Q. Michelle Manojlovich had died
12 during the long night shift on March 12th at approximately
13 3:50 in the morning.

14 A. That's my understanding from the
15 chart.

16 Q. All right. So, I take it then
17 when you came in to work on March 12th, as you have
18 told us, that would have been the first time that you
19 saw any of the members of the Phyllis Trayner team
20 since the death of Jordan Hines and it was also on
21 the morning of the death of Michelle Manojlovich.

22 A. Yes.

23

24

25



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2 Q. Do you recall now, having had
3 the benefit of looking at the WIN sheets whether or
4 not you had any specific discussions with any members
5 of the Phyllis Trayner nursing team on the morning of
6 March 12th concerning Jordan Hines?

7 A. I can recall that there were
8 some concerns raised about Jordan Hines by the nursing
team.

9 Q. My question to you, Mrs.
10 Radojewski, was whether or not you can now recall
11 whether on March 12th specifically you had any
12 discussions with any of the members of Mrs. Trayner's
13 nursing team concerning Jordan Hines?

14 You told us that there were discussions
15 amongst the nurses; you told us about the discussion
16 you had with Janet Brownless. Does looking at the
17 WIN sheets and thinking about the morning of March
18 12th assist you in telling us whether or not you
19 specifically discussed his death with any of those
20 women on that day?

21 Do you recall one way or the other,
22 Mrs. Radojewski?

23 A. I don't recall.

24 Q. Do you have any specific
25 recollection at any point in time of having discussed



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2 that child's death with Susan Nelles?

3 A. I don't recall.

4 Q. Do you recall what you were
5 told about the death of Michelle Manojlovich that
6 morning when you came in for work?

7 A. I was told that she had arrested
8 and died on 4B.

9 Q. Were there any concerns expressed
10 to you at that time regarding her death?

11 A. I am trying to think back to
12 that specific day because I know there were concerns
13 raised when the team leaders approached me at a
14 later time, and I can't recall for sure.

15 Q. We know as well that during that
16 early morning before you came to work Kevin Pacsai
17 encountered difficulties in that as a result he was
18 transferred to the Intensive Care Unit where he later
19 died.

20 Do you recall being told about that
21 episode involving Kevin Pacsai and his transfer to
22 the Intensive Care Unit when you came on to work that
23 morning?

24 A. Yes.

25 Q. I take it then that it was a
situation where you were being informed of both the



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2 death of Michelle Manojlovich and difficulties with
3 Kevin Pacsai and his transfer, all of which had
4 occurred during the same long night nursing shift?

5 A. Yes.

6 Q. Did there seem to be, as best
7 as you could judge it, concern amongst the nurses
8 over the events that had taken place during that
shift?

9 A. That would have been a pretty
10 horrendous night for them, yes.

11 Q. Aside from the natural sorrow
12 that would accompany the death of Michelle Manojlovich
13 and the natural concern for Kevin Pacsai, do you
14 remember specifically any of the nurses drawing to
15 your attention any of the events concerning the death
16 of Michelle Manojlovich or the difficulties experienced
17 by Kevin Pacsai and his transfer to the ICU?

18 Do you recall any specific discussion
about either?

19 A. I remember there was an issue
20 raised about Kevin Pacsai's potassium. It was also
21 raised again by the team leaders at a later point,
22 and the feeling about Michelle Manojlovich was a
concern over mother's grief.

23 Q. Yes. Do you recall anything
24

25



F. 4

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2 else with respect to discussion centering around
3 Michelle Manojlovich?

4 A. No, I don't.

5 Q. All right. You have told us -
6 let's deal with that child's death first and then
7 we will discuss Kevin Pacsai - you have told us,
8 however, that her death was again raised when the
team leaders came to you?

9 A. Yes.

10 Q. Do you recall what you were
11 told at that time about their concerns regarding
12 Michelle Manojlovich?

13 A. I can recall from what I have
14 written down that they brought as their concerns, and
15 on page 1 I have written Manojlovich, concern over
Dr. Ng, and a question of when to quit.

16 THE COMMISSIONER: Quit what?

17 THE WITNESS: I assume it was the
18 resuscitation. It had gone on for one and a half
19 hours, and that is what I have in brackets.

20 MS. CRONK: Q. Once again, Mrs.
21 Radojewski, a long resuscitation effort, in an effort
to save that child?

22 A. It appears so, yes.

23 Q. What was the nature of the

24

25



F.5

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2 concern with respect to that resuscitation effort?

3 A. I have then got a question
4 about if they can't they make a decision,
5 and I assumed that to mean the cardiology Fellow at
6 the time, Dr. Ng.

7 Q. Would that be a decision to
8 terminate the resuscitation effort?

9 A. Yes.

10 Q. You have referred to Michelle
11 Manojlovich as well on the last page of your notes.

12 Can you recall now whether either of
13 the team leaders expressed concern to you regarding
14 the cause of that child's death?

15 A. I don't recall.

16 Q. Did you have the impression
17 that they were puzzled as to why she had died?

18 A. No.

19 Q. Was there during the course of
20 that discussion with them any discussion with respect
21 to the nature of her terminal events or the symptoms
22 that she had exhibited while she was in the process
23 of dying?

24 A. No.

25 Q. Was there any suggestion made
26 to you at that meeting that there might be involvement



F.6

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2 of a drug in having caused her death?

3 A. No.

4 Q. You told us as well that - I
5 gather that when you raised these matters with
6 Dr. Fowler, you raised all of these concerns with
7 respect to all five children. Do I have that correctly

8 A. Yes.

9 Q. And do you remember now
10 specifically whether there was any discussion between
11 Dr. Fowler and yourself with respect to Michelle
12 Manojlovich other than related to the length of the
13 resuscitation effort?

14 A. I don't recall anything else
15 related to Michelle other than on page 3 there was
16 also a question of authority to stop resuscitation,
17 and I can remember that coming up in relationship to
18 Michelle.

19 Q. During the course of your
20 conversation with Dr. Fowler was an explanation for
21 her death discussed or was that even in issue while
22 you were talking to him?

23 A. I don't remember that being
24 in issue.

25 Q. Can we talk now then about
Kevin Pacsai and what you learned about his death.



F.7

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2 We know that you were in the Hospital working an
3 eight-hour day shift on March 11th, the day before
4 he died. Did you have occasion to see him that day?

5 A. I remember actually seeing
6 that baby in the very first room on 4B, and I must
7 have had to go in there for something. I don't
really remember what.

8 Q. Do you remember what the child's
9 condition was when you saw him?

10 A. I can just remember him being
11 hooked up to a cardiac monitor, and that's it.

12 Q. Do you recall now having had
13 any discussions with any of the nurses on Ward 4B or
14 with any of the nursing supervisors which had the
15 effect of conveying to you whether or not he was
regarded as being seriously ill?

16 A. Not that I recall.

17 Q. Did you know that Kevin Pacsai -
18 at that point did you know that Kevin Pacsai, like
19 Jordan Hines, had an anatomically normal heart?

20 A. I don't recall if I knew that.

21 Q. I take it you did, however, learn
that at some point?

22 A. Yes.

23 Q. Well, you came in on March 12th;

24

25



F.8

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you have told us there was some discussion as best
you can recall it regarding his potassium levels.

4

Do I have that correctly?

5

A. Yes.

6

Q. Do you remember what the
discussion was? What were you told?

7

A. That he had an elevated potassium
and we were unsure why, and that's really all that I
can remember.

10

Q. Do you remember who told you that?

11

A. No, I am sorry, I don't.

12

Q. When you came into work on the
morning of March 12th as best you can recall it was
Dr. Costigan on the ward?

14

A. I don't recall for sure.

15

Q. Do you remember having any
discussion at any time with Dr. Costigan concerning
this child's death?

18

A. I don't recall for sure.

19

Q. Do you remember whether you
were told anything about the episode that had occurred
on Ward 4B shortly before the child's transfer to
the Intensive Care Unit?

22

THE COMMISSIONER: I am not sure where
you are going with this, Miss Cronk, but we have had

24

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F.9

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2 evidence from people who were there as to what took
3 place. Mrs. Radojewski was not there. What value
4 is there in what she may have been told as to what
5 took place?

6

MS. CRONK: Well, sir, I think it
7 appropriate if Mrs. Radojewski is in a position to
help us to know what information was given to her
8 that day with respect to Kevin Pacsai.

9

THE COMMISSIONER: It may be helpful
10 but I just don't know why?

11

MS. CRONK: In light of the fact, sir,
12 that she then had a discussion with Dr. Fowler and
13 was requested to undertake certain activities with
14 respect to Kevin Pacsai to investigate why he had
died.

15

THE COMMISSIONER: All right. You are
16 heading somewhere, that's fine.

17

MS. CRONK: I am trying to, sir.

18

THE COMMISSIONER: All right. Carry on.

19

MS. CRONK: Q. You may not be able to
20 help us, Mrs. Radojewski, but do you remember whether
21 there was any discussion in your presence as to the
22 episode which had occurred that morning on the ward
before he was transferred to the Intensive Care Unit?

23

A. I don't remember specifically

24

25



F.10

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2 if it was at that time because of the notes that I
3 made when the team leaders came with their concerns.

4 Q. I take it at some point that
5 day you did learn that the child had died in the
6 Intensive Care Unit?

7 A. Yes.

8 Q. Do you recall at any point that
9 day having had expressed to you concerns by any of
10 the nurses who had been on duty that night as to the
reason for Pacsai's death?

11 A. No, I don't recall.

12 Q. All right. Similarly, do you
13 recall any concern being expressed to you by any of
14 the physicians that day as to why the child had died
or as to the time that the child had died?

15 A. I don't recall that day.

16 Q. You are aware of the fact,
17 Mrs. Radojewski, of course that following the charges
18 that were laid against Susan Nelles there was a
19 lengthy preliminary hearing, and many employees of
20 the Hospital testified to give evidence at that
preliminary hearing, amongst them yourself?

21 A. Yes.

22 Q. During the course of the evidence
23 that was given by Mrs. Trayner at the preliminary

24

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F.11

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hearing (and this is found, sir, in Volume 5, at page 979) she suggested that after Kevin Pacsai's death and after - I'm sorry, after his transfer to the Intensive Care Unit and after his death she discussed his death with you, and that you told her you would follow up on it and would talk to the cardiologists.

Do you recall having had such discussion with Mrs. Trayner?

A. I don't recall.

Q. Do you recall having sought out any of the cardiologists connected with the Cardiology Unit to discuss the death of Kevin Pacsai or the circumstances surrounding it?

A. I am sorry, I don't recall whether I did.

Q. You have told us that you did discuss Kevin Pacsai at some point with Dr. Fowler?

A. Yes.

Q. Was that as best as you can recall it - I am sorry, how did that come about?

A. The discussion with Dr. Fowler?

Q. Yes.

A. Was the concerns - in regard to the concerns that were raised by the team leaders.

Q. Apart from that did you have



F.12

1

2 any other discussion with Dr. Fowler concerning
3 Kevin Pacsai?

4 A. Yes. When he came to the ward
5 at a later date to tell us of the possibility of the
6 inquest into the child's death.

7 Q. Before we deal with that, I take
8 it then that you spoke with Dr. Fowler about the team
9 leaders' concerns, including their concerns regarding
Kevin Pacsai --

10 A. Yes.

11 Q. -- prior to any discussion with
12 him about the possibility of an inquest?

13 A. Yes.

14 Q. All right. Could I refer you to
15 the notes that you made of your discussion with the
16 team leaders. And on the first page there is a
17 recording of entries with respect to Kevin Pacsai,
18 and I take it that as part of the discussion you had
19 with them there was a question raised regarding his
elevated potassium?

20 A. Yes.

21 Q. There was a question raised, or
22 at least a discussion with respect to the transfer of
the child to the Intensive Care Unit?

23 A. Yes.

24

25



F.13

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2

Q. Do you recall at any time during
that conversation with these two team leaders any
issue being raised as to the possible involvement of
digoxin in the death of that child?

6

A. I don't recall.

7

Q. Do you remember that issue being
raised or that suggestion being made by either of the
two team leaders with respect to any of the four
other children that you discussed with them that day;
namely, Inwood, Manojlovich, Floryn and Hines?

11

12

A. No. The issues that they were
raising were some criticisms of the cardiology Fellows.

13

14

Q. There was no discussion, as
best you recall it, about digoxin being potentially
involved in their deaths?

15

A. That is right.

16

17

Q. Was there any discussion as you
can now recall it concerning digoxin at all?

18

A. Not that I recall.

19

Q. I ask you to refer to the very
last page of these notes, Mrs. Radojewski.

20

Do you have the original of your notes
with you?

22

A. I don't have them.

23

Q. Sorry. Perhaps your counsel can
assist you.

25



F.14

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2 While she is looking for them, Mrs.

3 Radojewski, do you have the last page?

4 A. Yes, I do.

5 Q. There is a reference on that

6 page to dig. levels.

7 A. Yes.

8 Q. Is that in your writing?

9 A. Yes.

10 Q. It is my understanding that that
11 in fact is the back page of the original of your notes
12 and that that notation was made in handwriting?

13 A. Yes.

14

15

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1
2 G
3 DM/PS

Q. Do you recall when you made that
notation?

A. No, I don't.

Q. Does it assist you in any way
in recalling whether or not the subject of digoxin
was discussed at that meeting with the team leaders?

A. No.

Q. Do you have any reason to
believe that you made that notation at a date later
than the date upon which you made the rest of these
notes?

A. I may have, yes.

Q. Do you have any reason to
believe that you did?

A. You said it was written in pencil
and the rest of them are written in ink.

Q. All right, let's have the
originals. Would you look at page 3 of your note as
well, please.

A. Yes.

Q. Do you see the items number
1 through 4 on page 3?

A. Yes.

Q. Item number 3 reads:

"? authority to stop resuscitation."



1

2

Do you see that?

3

A. Yes.

4

Q. And immediately below it a nota-
tion,

5

" by staff cardiologist decision."

6

A. Yes.

7

Q. It is my understanding that on
the original of those notes, which your counsel will
provide to us when she has been able to locate them,
that the language:

11

"? authority to stop resuscitation",
is written in pen, and immediately below it the
language:

13

"by staff cardiologist decision",
is written in pencil.

15

A. Yes.

16

Q. Does that help refresh your
memory?

17

A. I don't recall when I made the
notation for dig. level.

19

Q. Would it be fair for me to sug-
gest to you, and let's deal first with page 3, that
the notation in pencil was made by you when you were
discussing these matters with Dr. Fowler, it was an
indication of his response to that particular issue.

24

25



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3

2

A. Yes.

3

4

Q. Do you recall now whether when
you were discussing these matters with Dr. Fowler that
there was any discussion of digoxin levels with
respect to any of these children?

5

6

A. There was no discussion of digoxin
levels at that time.

7

8

9

10

Q. You are positive in your own
mind that there was not, or do you recall one way or
the other?

11

12

A. I don't believe it was brought
up at that time.

13

14

Q. You have no recollection at all
as to when you made the note on the back of these
notes concerning digoxin levels?

15

A. That's right.

16

17

18

19

Q. Perhaps I will show the
originals to you when Ms. McIntyre has been able to
find them. You have told us that on a subsequent oc-
casion you spoke with Dr. Fowler about the possibility
of an inquest into Kevin Pacsai's death.

20

A. Yes.

21

22

Q. Do you recall when that dis-
cussion took place?

23

24

25

A. That again was in that week of



1

4 2 March 16th to the 20th.

3 Q. And as you have told us, that
4 as best as you can recall it, your discussion with the
5 team leaders was on the 17th or 18th of March; do
6 you recall now whether it was the same -- I'm sorry,
7 your discussion with Dr. Fowler about the concerns
8 of the team leaders was on the 17th or 18th of March.
9 Do you recall whether it was the same day that you
10 spoke again with Dr. Fowler, or was it later in the
week?

11 A. I don't recall if it was the
12 same day.

13 Q. Can you tell me what you were
14 told by Dr. Fowler during that discussion?

15 A. Dr. Fowler came to Ward 4B, and
16 he seemed quite agitated and related the fact that
17 there may be an inquest into this child's death. There
18 was some concern over the father's reaction to the
19 child's death, when he was told of the child's
death, and there was some concern over the high
20 digoxin level.

21 Q. Did Dr. Fowler tell you during
22 the course of that discussion why there might be an
inquest into the child's death?

23 A. I don't remember if he stated

24

25



1

5 2 the specific purpose, I know I was left with the im-
3 pression that there was two reasons why there would
4 be an inquest.

5 . THE COMMISSIONER: I'm sorry, you were
6 left with the impression of what?

7 A. I was left with the impression
8 that for those two reasons there would be an inquest.

9 Q. That is the high digoxin level
10 and the father's reaction?

11 A. Yes.

12 Q. Was it your understanding that
13 the father was upset with respect to the child's
14 death?

15 A. I had nothing to go by other than
16 what Dr. Fowler was telling me, I had not seen the
17 father.

18 Q. Did he leave you with the
19 impression that the father had been upset?

20 A. Yes.

21 Q. What did he tell you specifically
22 with respect to Kevin Pacsai's digoxin levels, if any-
23 thing, other than the fact that they were high?

24 A. I don't recall other than the
25 fact that they were high.

26 Q. Did he tell you what the level



Radojewski
dr. ex. (Cronk)

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6 2

actually was?

3

A. I don't recall at that specific
time.

5

Q. Do you recall whether or not he
told you there had been a sample taken for digoxin level
before the child died and as well one after he died?

7

A. Yes, I believe he told me that.

8

Q. Do you recall whether he told
you what the level was on the sample taken before
the child died, or any discussion at all about the
level?

12

A. He said the levels were high;
he may have told me the number, I don't recall.

13

Q. Did Dr. Fowler tell you anything
else during the course of that discussion with respect
to Kevin Pacsai?

16

A. He said that we should go and
have a look at the chart in pathology, and that the
chart would be staying in pathology, that it would
not be available to us other than in that depart-
ment.

20

Q. I'm sorry, was there someone
else present during this discussion other than Dr.
Fowler and yourself?

23

A. Yes, there was Diane Croswell,

24

25



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7 2

she was in charge of 4B at the time.

3

4

Q. She is the woman you told us
previously who was a teaching team leader on the ward
4B?

5

6

A. Yes.

7

Q. Was anyone else present?

8

A. Not that I recall.

9

10

It was in the nursing station, at the
front of the nursing station, there might have been
people in the background.

11

12

Q. He asked you to look at the
chart, was that a request that he was making, as you
understood it, of both Mrs. Croswell and yourself?

13

A. Yes.

14

15

Q. Did he ask you to do anything
else?

16

17

THE COMMISSIONER: Can I just ask why
he wanted you to go and look at the chart, what was
the purpose for that?

18

19

THE WITNESS: I assumed it was to go
over the nursing care and the treatment that the child
had received.

21

22

THE COMMISSIONER: This was in
preparation for the --

23

THE WITNESS: For an inquest, yes.

24

25



G
DM/PS

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THE COMMISSIONER: So that you would be familiar with it, is that the idea?

4

THE WITNESS: Yes.

5

Q. Did he ask you to do anything else?

6

A. I don't recall for sure whether it was a request, or whether we both thought of it, but we were going to call the nurses who had anything to do with Kevin's care and ask them to recall what they had done for Kevin, to recall the care they had given to him.

12

Q. By recall the care that they had given to him, do you mean by way of a discussion with you, or were you suggesting that they make notes of what they remembered?

15

A. That they make notes of what they remembered.

17

Q. And why were you going to do that?

19

A. In preparation for going to an inquest.

20

Q. Did Dr. Fowler discuss with you at that time as best as you can recall it the potassium levels that the child had?

23

A. I don't recall.

24

25



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9 2

Q. Did he ask you to review the
medications that the child had received prior to his
death?

4 5

A. Yes.

6

Q. Do you recall him asking you to
do anything else?

7

A. That is all I can recall.

8

Q. Did Dr. Fowler offer, during
the course of that discussion, an explanation to either
Mrs. Croswell or yourself as to why the child had
died?

9

A. I don't recall that he did.

10

Q. What did you do as a result of
your discussion with him?

11

A. All three of us went to the
pathology department to look at Kevin Pacsai's chart.

12

THE COMMISSIONER: Three being Dr.
Fowler --

13

THE WITNESS: Dr. Fowler, Diane
Croswell and myself.

14

Q. And was that immediately after
your discussion?

15

A. Yes.

16

Q. And what did you do in the
pathology department?

17

18



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10

2

A. We looked through the chart and I made some notes and I believe Diane did as well, and I thought I remembered Dr. Fowler doing it as well.

5

6

Q. Dr. Fowler remained with you while you were going through the chart?

7

8

A. Yes, he did.

9

10

11

Q. You say you made notes while you were going through the chart. I am showing to you a copy of three pages of notes entitled, with the word appearing at the top, "PACSAI". Are those notes you made as you were reviewing this child's chart?

12

13

A. Yes.

MS. CRONK: I'm sorry, sir, can this be marked as the next exhibit?

14

THE COMMISSIONER: Yes, 369.

15

16

Q. What were you looking for in reviewing the chart?

17

18

19

20

A. I was really unsure of what I was looking for. I had not had the previous experience with an inquest, but we were asked to look at the medication that the child had received, both prior to coming to us --

21

22

23

Q. As best as you can recall it, was there anything contained on the chart when you reviewed it concerning the actual digoxin level that

24

25



1

11 2 had been found in the child?

3 A. I don't recall that there was.

4 Q. Were these notes made by you as
5 you reviewed the chart or at some subsequent time?

6 A. No, as I reviewed the chart.

7 Q. I refer you, on the first page,
8 to the third entry beginning with the words:

9 "Patient noted to be 2 to 1 heart
10 block."

11 And:

12 "...also to be hyperkalemic-- Coroner's
13 Report."

14 Do you see that?

15 A. Yes.

16 Q. Can you help me as to what that
17 refers to?

18 A. There must have been a coroner's
19 report on the chart.

20 Q. Well, that is what concerns me,
21 Mrs. Radojewski. If your review of this chart took
22 place shortly after your discussion with Dr. Fowler
23 when he suggested there might be an inquest, was it
24 your impression that the Coroner was then involved
25 with respect to Kevin Pacsai?

26 A. I don't recall.



1

12

2 Q. What I am really suggesting is
3 it would be difficult for a coroner's report to be
4 on the child's chart potentially at that
5 time unless the coroner had already become involved.

6

A. That's right.

7

Q. Do you recall now seeing a
8 coroner's report of any kind on Kevin Pacsai's chart
9 when you went through it?

10

A. I must have, or I wouldn't have
written this.

11

Q. Is it possible that these notes
12 were made at a later time?

13

A. No, these notes were made from
the chart.

14

Q. To help you with that, Mrs.
15 Radojewski, the only documentation that we have seen
16 in Kevin Pacsai's chart that appears to emanate
17 from the coroner's office is the report prepared for
18 the coroner by the pathology department at the
19 hospital who conducted the autopsy. I show you now
20 page 96 of Kevin Pacsai's chart, it is entitled:

21

"Report of Post Mortem Examination"

22

And it is entitled, it is on a standard form
23 entitled:

24

"Coroner's Act, Province of Ontario."

25



1

13 2 Do you recall seeing that report at the time that
3 you reviewed Pacsai's chart in the pathology depart-
4 ment?

5 A. I don't recall seeing this
6 specific form until I reviewed the charts prior to
7 coming in here.

8 Q. I take it you have no specific
9 recollection of having seen any material from the
10 Coroner's offices, or with respect to the Coroner, on
11 this chart when you reviewed it, but to the best of
12 your recollection there must have been something be-
13 cause that is when you prepared these notes, is that
14 your evidence?

15 A. Yes.

16 MR. PERCIVAL: Mr. Commissioner, would
17 Ms. Cronk care to deal with the date, the two dates
18 at the top right hand side of the page, maybe it has
19 been done already and I didn't hear it, but
20 I don't know whether that might assist us.

21 MS. CRONK: I'm sorry, I am just coming
22 to that, Mr. Percival.

23 MR. PERCIVAL: Thank you.

24 Q. Apart from the review which you
25 did of the chart at that time and the entries that
you made on the next three pages of your pen written



1

14 2 note, do you recall now any further discussion, either
3 with Mrs. Croswell or Dr. Fowler during the course of
4 reviewing this child's chart as to whether or not
5 digoxin was involved in his death?

5

6 A. There must have been some dis-
7 cussion.

7

8 Q. Was it your impression at the
9 time that it was being suggested that digoxin might
be linked to the child's death?

10

11 A. Because Dr. Fowler had come and
12 said there were high digoxin levels, I am sure that
13 is what I thought.

14

15 Q. Did it occur to you at the time
16 that digoxin might in fact have contributed to or
17 caused the child's death?

18

A. Yes.

19

20 Q. I am showing you the originals
21 of these three pages of notes, Mrs. Radojewski, and
22 as Mr. Percival correctly points out, there are two
23 dates that appear on the top right hand side of the
24 page, they are in pencil, are they not?

25

A. Yes.

21

22 Q. And the rest of the notes are
23 in pen?

24

A. Yes.

25



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15

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Q. Is the date entry your own?

3

A. No, it is not.

4

notes?

Q. Do you know who made it on these

5

A. No, I have no idea.

6

MS. CRONK: Mr. Commissioner, perhaps
7 we can mark the original, if Ms. McIntyre has no
8 objection, in place of the copy that was made, I
9 think we should have the original.

10

THE COMMISSIONER: Yes.

11

---EXHIBIT NO. 369: Original copy of notes made by
12 Mrs. Radojewski re. Pacsai,
13 Mar. 18, 19.

14

THE COMMISSIONER: Yes, all right.

15

MR. HUNT: Just to clarify this, do
16 those dates in the top right hand corner of the photo-
17 copy not appear, are they all part of the same --

18

MS. CRONK: They are in pencil, Mr.
19 Hunt.

20

THE COMMISSIONER: They are in pencil.

21

MR. PERCIVAL: Just to clear up some-
22 thing, Mr. Commissioner, so there is no misunderstand-
23 ing in this commission, the police have never seen
24 this particular document so I don't want that
25 interchange to mean that the police put the dates at



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5288

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the top of the page.

3

THE COMMISSIONER: No.

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BmB.jc

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MS. CRONK: I'm sorry.

3

4 THE COMMISSIONER: No, but there is

5 something missing because this back page that we have --

6

MS. CRONK: I'm sorry, sir, that's on
the prior set of notes. There are two sets of notes.

7

THE COMMISSIONER: Oh, I beg your
pardon, I beg your pardon. That's on 368, is it?

8

MS. CRONK: We are looking for the
9 original of that, sir.

10

11

THE COMMISSIONER: Yes, yes, all right,
thank you.

12

13

14

15

16

MS. CRONK: Q. Do you recall having now
had a chance to observe the original of the notes,
Mrs. Radojewski, and the date entry that's on then
when exactly your discussion with Dr. Fowler took
place and when you reviewed this child's chart in
the Pathology lab?

17

18

19

A. I know that after I reviewed
the chart in the Pathology lab I called Susan Nelles
at home on the same day, later that day.

20

Q. I'm sorry, Mrs. Radojewski,
could you speak up just a bit?

21

22

23

A. Okay. I recall that I called
Susan Nelles at home on the same day that I made
these notes on Kevin Pacsai's chart.

24

25



H.2

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2 Q. And when you say that you called
3 her at home, where was she, was she in the City of
4 Toronto?

5

A. No, she wasn't.

6

Q. Did you call anyone else as a
result of your review of the Pacsai chart?

7

A. No.

8

Q. All right. Why did you call
9 Ms. Nelles?

10

A. She had been looking after
11 Kevin Pacsai and she had been the nurse on when he
12 had developed difficulties and was transferred to the
13 unit and she was my staff member, so, I phoned her.

14

Q. All right. Well, does that
15 discussion help you in any way in placing the date
16 on which you discussed this with Dr. Fowler and
17 went to the Pathology lab to review this chart,
which I think was my original question?

18

A. I know that she was on days off
when I phoned her, she was home in Belleville and I
have since found a calendar where I marked that I
phoned Susan.

21

Q. And what was the date?

22

A. It was March the 18th.

23

Q. March 18th?

24

25



H.3

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2

A. Yes.

3

4

Q. Do you have that calendar with
you, Mrs. Radojewski?

5

A. Yes, I do. Do you want it?

6

7

8

9

Q. Are you quite sure in your own
mind, Mrs. Radojewski, that you called Susan Nelles
in Belleville on the same day that you discussed this
matter with Dr. Fowler and reviewed Kevin Pacsai's
chart in the Pathology lab?

10

A. Yes, I'm quite sure.

11

12

13

14

15

16

MS. CRONK: For purposes of the record,
sir, Mrs. Radojewski has shown me a personal daybook
for March, 1981 and on March 18th there is a notation
"Called Sue in Belleville". I don't at the moment
wish to request it be marked as an exhibit but with
your consent and Mrs. Radojewski's I would like to
review it if I may?

17

THE COMMISSIONER: Yes.

18

MS. CRONK: Thank you.

19

MR. HUNT: Did the witness indicate
when the notation was made in the book?

20

21

MS. CRONK: You anticipate me again,
Mr. Hunt.

22

23

Q. Do you know now when the
notation was made in your daybook, Mrs. Radojewski?

24

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H. 4

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A. When I had removed some of my belongings from the ward after I had resigned I took a personal calendar I had on the wall in my office home and because this was much after the fact of Susan's arrest I recorded from the calendar the fact that I had made that on to my personal daybook, the fact that I had called her in Belleville.

If I can explain, I would have noted it on my wall calendar because it is a long distance phone call and I was using a special billing number to phone and I would have had to keep a record of that.

Q. Do you know now when you made the notation on your wall calendar as to when the call was made?

A. I assume I made it when I made it -- I made the notation, I'm sorry, when I made the phone call.

Q. Do you have a specific recollection of having done so or is that your best reconstruction of events?

A. That's my best reconstruction.

Q. And then later after Susan Nelles was charged you transferred that notation into your daybook which you have now given to me?

A. Yes.



H.5

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Q. Could I ask you to refer to
your notes again that you made after your reviewed
Kevin Pacsai's chart. There is a reference immediately
at the top of the page under Sequence of Events to
cause of death, reference to ventricular fibrillation,
hyperkalemia and cardiac arrhythmias. Do you see that?

3

A. Yes.

4

Q. And then there is a reference
Cause of Death on Neonatal Form, that appears directly
beside on the left of that description.

5

A. Yes.

6

Q. Do you know whether or not you
obtained that description of the cause of his death
from the medical chart when you reviewed it?

7

A. Yes, I did.

8

Q. What were you referring to when
you made a notation "Neonatal Form"?

9

A. It is my recollection that there
is a specific form that is used when a neonate, a
child under 28 days of age, dies, and that's what I'm
referring to.

(2)

10

Q. Mrs. Radojewski, I am not going
to ask you to do it now but I will ask you to do it
if you don't mind over the noon hour, that is, to
look through Kevin Pacsai's chart which has been made

11

12



H.6

1

2 an exhibit here to see if you can identify for me
3 the form to which you have just referred?

4 A. Yes.

5 Q. And from which I take it this
6 description was drawn by you and recorded in your
notes?

7 A. Yes.

8 Q. All right, thank you.

9 There is also throughout the body of
10 your notes on page 2, about two-thirds of the way
11 down, a reference to "digoxin and

12 -
13 digitalizing doses" and then a recording of the
14 potassium levels of the child at two particular times
15 and in Hamilton on March 11th and at The Hospital
16 for Sick Children. I take from those references
17 that although Kevin Pacsai's potassium level had
18 been elevated earlier in March, at The Hospital for
19 Sick Children it had fallen to 3.9; is that correct
on the basis of your notes?

20 A. Could you repeat that, please?

21 Q. All right. You have recorded
22 a potassium level of 6.9, then of 7.7 and then of
23 5.8 in Hamilton at 8 o'clock on March 11th. Do you
see that?

24

25



H. 7

1

2 A. Yes.

3

4 Q. And then immediately below it
5 you have a potassium level of 3.9 at The Hospital
6 for Sick Children and I am suggesting merely from
7 those portions of your notes it appears that the
8 potassium level at that time had fallen?

9

10 A. Yes.

11

12 Q. And I take it however did become
13 elevated again at the time of the child's death?

14

15 A. Yes.

16

17 Q. There is also a reference to
18 "digoxin? and digitalizing doses". Was there at the
19 time that you were reviewing this chart some issue
20 as you understood it, Mrs. Radojewski, as to whether
21 or not the digitalizing doses had been appropriate
22 for the child?

23

24 A. Because I have made that notation
25 I assume that there was some question in my mind at
the time, I don't recall.

26

27 Q. During the course of reviewing
28 his chart did you observe that the last does of
29 digoxin recorded as having been given to the child
30 prior to his death was given at 9 p.m. on March 11th
31 apparently by Susan Nelles who signed off on the
32 medication treatment record for it. Did you note that
33 at the time?

34



H.8

1

2 A. Yes.

3

Q. All right. You have told us

4

that you called Miss Nelles you think, as best as you
can recall it and reconstruct it on March 18th, and
that she was in Belleville, what did you tell her at
the time?

5

A. I told her that there was
going to be an inquest into Kevin Pacsai's death and
because she had been caring for him, if she could
make her own notes of the care that she had provided
and any medications that she had given to him.

6

Q. Did you tell her anything else?

7

A. I don't recall specifically.

8

Q. Did you tell her that it was
thought, at least you had entertained in your mind
the possibility that digoxin might have contributed to
or caused this child's death?

9

A. I don't recall for sure.

10

Q. Did you have any discussion with
her at all concerning the medication and specifically
digoxin had been given to the child during life?

11

A. I may have.

12

Q. Do you recall telling her what
Dr. Fowler had told you, that is, that his digoxin
levels were elevated?

13

14



H.9

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2 A. I don't recall for sure.

3

4

5

6

Q. I have the same problem that I had earlier, Mrs. Radojewski. Once again, do you remember meeting with Commission counsel last week to prepare for your evidence here?

7

A. Yes.

8

Q. All right. And on Tuesday of last week - I'm sorry, Wednesday, February the 22nd, do you recall being asked about this discussion that you had with Susan Nelles?

9

A. Yes.

10

Q. And I suggest to you at that time that you told Commission staff that you told Susan Nelles during that discussion that Kevin Pacsai's digoxin levels were elevated, that Dr. Fowler had come to the ward and raised questions with respect to digoxin and that you felt that there might be a coroner's inquest as a result of those issues having been raised. Do you remember saying that?

11

A. Yes, I do.

12

Q. Was that your recollection then?

13

A. Yes.

14

Q. Are you less certain of that today?

15

A. No, I'm not, thank you for

16

17



H.10

1

2 recalling me, recalling it for me.

3 Q. I don't want you to agree too
4 quickly, I would like to know what you do remember,
5 Mrs. Radojewski. Do you recall having told Susan
6 Nelles during that telephone conversation that Kevin
7 Pacsai's digoxin levels were elevated, that Dr. Fowler
8 had come to the ward and raised questions with respect
9 to digoxin and that there might therefore be a
coroner's inquest?

10 A. Yes.

11 Q. All right. Did you tell Susan
12 Nelles anything else with respect to the digoxin
13 levels of that child?

14 A. I don't recall. I may have
15 mentioned that they were elevated.

16 Q. Well, I'm sorry, I thought that
17 you told me that you now recall that you did tell
her that?

18 A. Yes, they were elevated.

19 Q. All right. Was this the first
20 time, this telephone conversation, that you had
21 discussed Kevin Pacsai's death with Susan Nelles?

22 A. Would you repeat that, please?

23 Q. Was this the first time that you
24 discussed Pacsai's death with Susan Nelles?

25



H.11

1

2 A. Yes.

3

4 Q. All right. What was her

5 response to the information which you provided?

6

7 A. I recall that she was somewhat
8 surprised that there was going to be an inquest and
9 she was thankful that I had called and she would
10 sit down and write what she remembered about the
11 patient.

12

Q. Did she tell you anything else?

13

14 THE COMMISSIONER: She said she was
15 thankful that you had called?

16

17 THE WITNESS: Thankful that I had
18 called, yes. I am unsure if she mentioned at that
19 time that she was quite confident that she had given
20 the right dose or if it was a later time.

21

22 MS. CRONK: Q. Do you recall whether
23 or not she told you the amount of digoxin that she
24 had given to the child before she died?

25

A. Yes, she did tell me what she
had given to him.

26

27 Q. And how much did she tell you
28 she had given?

29

30 A. She had given .02 milligrams.
31 She could remember the order, yes.

32

33 Q. Are you certain that that's the

34

35



H.12

1

2 amount Miss Nelles told you she had given to the child?

3 A. Yes.

4 Q. Do you remember being interviewed
5 by Messrs. McGee and Wiley of the Crown Attorneys'
6 offices on December 1st, 1981 in preparation for your
7 evidence at the preliminary hearing?

8 A. Yes.

9 Q. Do you recall the matter of
10 this discussion with Susan Nelles coming up then?

11 A. Yes.

12 Q. And I suggest to you that at that
13 time you are recorded as having told Mr. McGee and
14 Mr. Wiley that Miss Nelles said that she gave .4
15 milligrams of a dose of digoxin to the child?

16 A. .4 milligrams?

17 Q. Yes. Do you recall any discussion
18 of .4 by any unit of measurement?

19 A. Yes.

20 Q. All right. What did you tell them?

21 A. Well, .4 of a cc is equivalent
22 to .02 milligrams.

23 Q. All right, fine. And do you
24 recall having told them that at the time?

25 A. Yes.

Q. During the course of your



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Radojewski, dr.ex.
(Cronk)

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H.13

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2 discussion with Ms. Nelles, did she tell you how she
3 had administered that digoxin to Kevin Pacsai?

4 A. I don't recall at that specific
5 time.

6 Q. Did she mention the size of the
7 syringe that she had used to give the dose?

8 A. At a later time she did, yes.

9 Q. You don't recall her having
10 done so during that discussion?

11 A. I'm unsure.

12

13

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4 Q. Do you recall during the
telephone discussion whether she told you what time
she had given that dose to Kevin Pacsai?

5 A. No, I don't recall.

6 Q. When did you think she had
given it? What dose did you think you were discussing?

7 A. His usual nine o'clock dose.

8 Q. All right. Did she tell you
9 at that time whether or not the usual nine o'clock
10 dose which she had given had been double-checked by
11 anyone else?

12 A. I don't recall that it was
13 at that time. At a later time I have definite recall.

14 Q. I know that it is difficult
15 to remember exactly when what information was pro-
16 vided to you, but again I refresh your memory as to
17 the meeting you attended with Mr. McGee and Mr. Wiley
18 on December 1, 1981 when this conversation was
19 discussed. I suggest to you that you told Mr.
20 McGee and Mr. Wiley that during this telephone dis-
21 cussion Susan Nelles told you that Mary Jean Halpenny
22 had checked her calculations for that dose and had
checked the dose prior to it being given at nine
o'clock on the evening of March 11.

23 Do you recall telling Mr. McGee
24
25



1

12 2 and Mr. Wiley that?

3

4 MR. BROWN: Well, in fairness to
the witness I think she said that Mary Jean checked it.
5 There is no reference to nine o'clock, et cetera,
6 et cetera, et cetera.

7

MS. CRONK: I'm sorry.

8

Q. Do you recall during the --
I am rather surprised by my friend's objection.

9

10 MR. BROWN: I am not objecting to it,
but I do object to comments being put to a witness
11 in the sense that what appears in the statement is
12 supposed to be what the witness said.

13

14 We don't even know how that state-
15 ment arose, whether it was made contemporaneously or
16 not, and I think under those circumstances one has
17 to be extremely careful in putting the apparent
18 content of a statement to a witness.

19

20 MS. CRONK: I accept my friend's
21 remarks, sir. I don't agree that I have materially
22 misstated it.

23

24 Q. The exact language of what
25 you are recorded as having said is that the dose was
double-checked -- let me just find it.

22

23 You are recorded as having told Mr.
24 McGee and Mr. Wiley during your telephone discussion
25



1
2 I3 with Susan Nelles she said that she remembered giving
3 Pacsai the right dose and that she had Mary Jean
4 Halpenny check it. She said she gave the .4 dose of
5 digoxin.

6 Do you recall telling Mr. McGee and
7 Mr. Wiley that?

8 A. I can recall telling them
9 that. I am not positive if it was in relationship to
the telephone call.

10 Q. It could have been at an
11 earlier or later date?

12 A. I believe at a later date.

13 Q. Do you recall when?

14 A. When I knew for sure?

15 Q. Yes.

16 A. Yes. On the Monday, March
17 23rd. In the evening meeting at my place.

18 Q. All right. I don't propose
19 to ask you any questions at this time about the
meeting that evening.

20 THE COMMISSIONER: Well, that was one
21 of the few things that I thought could legitimately
22 be asked.

23 MS. CRONK: As I have understood what
the witness said -- sir, if I may deal with it in this



1
I4 2 way.

3 THE COMMISSIONER: Yes.

4 MS. CRONK: Q. As I have under-
5 stood what you said, Mrs. Radojewski, you are content
6 in your own mind that by the Monday night meeting on
7 March 23rd you knew that Susan Nelles had expressed
8 the view that the dose of digoxin that she had given
had been double-checked by Mary Jean Halpenny.

9 Do I have that correctly?

10 A. Can you repeat that, please.

11 Q. As I understood what you
12 said, you are content in your own mind today that by
13 Monday, March 23rd, the evening meeting at your home,
14 Susan Nelles had said that Mary Jean Halpenny had
checked the dose of digoxin that she had given to
15 Kevin Pacsai?

16 A. Yes, at that meeting.

17 Q. Do you recall - and it is
18 possible, I take it, that you could have learned that
19 earlier during the course of your telephone discussion
with Susan Nelles but you can't say now positively
20 that you did?

21 A. That is right.

22 Q. Do you recall any further
23 discussion during the meeting on Monday night, March

24
25



1
2 15. with respect to the giving of that dose of
3 digoxin to Kevin Pacsai?

4 A. Yes. There was a comment
5 that the most they could have given him would
6 have been 1 cc. because they used a 1 cc. syringe to
7 give his dose.

8 Q. Do you recall who said that?

9 A. My recollection is that Susan
10 Nelles said that.

11 Q. Was Mary Jean Halpenny present
12 at the time?

13 A. Yes. I can remember her
14 turning to Mary Jean.

15 Q. Did she make any response to
16 the remark that was made by Miss Nelles?

17 A. I don't remember if there was
18 a verbal response.

19 Q. Was there any other matter
20 discussed with respect to the giving of that dose of
21 digoxin to Kevin Pacsai?

22 A. No, not that I recall.

23 Q. Did you call any other
24 members of Phyllis Trayner's nursing team on March
25 18th to discuss Kevin Pacsai with them, or did you
only call Susan Nelles?



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16

2 A. I only called Susan.

3 Q. Did you call any members of
4 the Ward 4B nursing staff who had been on duty when
5 the child died to discuss these events with them?

6 A. No.

7 Q. Can you help me as to why you
8 did not call the members of the 4B staff given what
9 you knew from your discussion with Dr. Fowler and
your review of the chart that day?

10 A. It was my understanding that
11 Mrs. Croswell would call the members of the 4B staff
12 who were on duty.

13 Q. All right. I take it that
14 you knew at that time that Susan Nelles, one of the
15 Ward 4A nurses, had participated obviously in the
16 care of Kevin Pacsai that night because you knew that
17 she had given the dose of digoxin at nine o'clock
18 that evening or at least is recorded as having given
it? That was the reason you called her?

19 A. Yes.

20 Q. To the best of your knowledge
21 did any of the other Ward 4A nurses on Phyllis
22 Trayner's team who were on duty that night participate
23 in the care of Kevin Pacsai insofar as you were aware
at that time?

24

25



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I7 2

A. Yes.

3

Q. All right. Who was that?

4

A. Mrs. Trayner.

5

Q. How did you understand that --

6

THE COMMISSIONER: Sorry, Mrs. who?

7

MS. CRONK: Trayner.

8

THE WITNESS: Phyllis Trayner.

9

MS. CRONK: Q. How did you under-

10

stand that Mrs. Trayner had participated in his care?

11

A. I can't recall how I knew that other than that was a terribly busy night for 4B, and 4A had gone over to help. Whether Mrs. Trayner told me or specifically how I knew that, I know that I knew that.

12

Q. Did you know what she had done by way of attempting to assist?

13

A. It was my understanding that she had assisted with his arrest.

14

Q. Other than the arrest did you have any understanding as to whether or not she or any other member of the 4A Trayner team had assisted that night with respect to Kevin Pacsai, other than Susan Nelles?

15

A. I don't recall any other member or hearing of any other member.

16

17



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18

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Q. You don't recall how or from whom you learned that information?

4

A. No.

5

Q. Did you call Mrs. Trayner on March 18th to suggest to her that she make notes of the care she had given to Kevin Pacsai?

7

A. No, I did not.

8

9

Q. Can you help me as to why you did not?

10

11

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A. It was going to be -- there was the possibility of the Coroner's inquest and it was my understanding that the nurses that were involved with his care I guess, assigned to him, would be involved. I don't know that I thought far enough ahead to call Mrs. Trayner.

Q. She was of course a member of your ward nursing staff as was Susan Nelles?

A. Yes.

Q. How long did your conversation with Susan Nelles last?

A. I don't recall. It wasn't very long.

Q. Were any other children discussed during the course of that conversation other than Kevin Pacsai?



1

19

A. No.

3

4

Q. Do you recall Susan Nelles
discussing any other matter with you regarding any
of the deaths that had taken place on the ward other
than the death of Kevin Pacsai?

6

7

A. I don't recall there being
any other discussion other than Kevin Pacsai.

8

9

Q. Did you speak again with
Susan Nelles concerning Pacsai's death before she
came in to work on long nights on March 20th?

11

A. No.

12

13

14

Q. Did you in that interval of
time - that is from March 18th to March 20th - speak
at any time to Phyllis Trayner concerning the child's
death?

15

A. No.

16

17

18

19

Q. We have moved some way away
from the events of March 12th, Mrs. Radojewski, and the
time when you learned that Kevin Pacsai had died.
I would, however, like to ask you several questions
with respect to Kristin Inwood.

20

21

22

We know that that child died, again
on Ward 4B; this time on the following day, that is
on March 13th, in the early hours of the morning.

23

Do you recall any concerns being

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expressed to you regarding the death of Kristin
Inwood?

4

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6

It was not really a concern
that was expressed. I suppose what the team leaders
were offering was an opinion that the arrest pro-
cedure had gone quite well.

7

8

9

Q. I'm sorry, I didn't hear you.

A. That the arrest procedure had
gone quite well.

10

11

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Q. I see. And you are referring
now to the discussion you had with the team leaders?

A. Yes.

Q. Was there any other discussion
concerning Kristin Inwood at the time you met with
the two team leaders to discuss these five deaths?

A. Not that I recall.

Q. Do you recall anyone at any
time prior to the charging of Miss Nelles suggesting
to you that digoxin might be involved in the death of
Kristin Inwood?

A. No.

Q. Do you recall any member of
the nursing staff who had been on duty at the time
that Kristin Inwood died suggesting to you that her
death was regarded by them as unexpected; that it was



1
2 Ill ~~surprise~~

3 A. No. I don't recall.

4 Q. Could I ask you to look again --
5 well, I'm sorry, in addition to the death of Kristin
6 Inwood there was a further death on the wards on
7 March 18th. This time at 4:30 in the morning on
8 Ward 4A, that of Charlton Gardner.

9 Do you recall any concerns being
10 expressed to you regarding the cause of that child's
~~death~~

11 A. No, I don't recall.

12 THE COMMISSIONER: When did you say
13 she died?

14 MS. CRONK: March 18th, sir.

15 THE COMMISSIONER: Oh, yes.

16 MS. CRONK: Q. Do you recall it being
17 suggested to you at any time by anyone that there
18 might have been any drug involvement in her death?

19 A. No, I have no recollection.

20 Q. Do you have any recollection
21 as to whether or not her death was regarded as being
22 unexpected?

23 A. I have no recollection.

24 Q. Could I ask you to turn to
25 the WIN sheets if you would, please, for 4A again, for



1

112 2 the week of March 9th.

3 We have been over part of this
4 before, and just to refresh your memory, Mrs.
5 Radojewski, you have told us you were not at work
6 on the 7th and 8th of March but you were there on
7 the 9th, you were there on the 10th and the 11th,
8 but on the 11th and 12th when you were there working
9 days I draw your attention to the fact that Miss
10 Nelles is recorded as having worked the long night
11 shift on both of those days, and I take from that
12 that you would have already left the Hospital as you
told us earlier when they came on for work?

A. On March 11th, yes.

Q. And if we can continue on
14 in her schedule for that week, she appears to have
15 been absent from the Hospital then from the 13th of
16 March through until the evening of the 20th.

A. Yes.

Q. And on the 18th of March you
18 have told us you had your discussion with her con-
cerning Kevin Pacsai?

A. Yes.

Q. By the time you talked to
22 Miss Nelles you learned of the death of Jordan Hines
23 on March 8th. You had obviously learned of the death

24

25



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I13 2 of Kevin Pacsai on March 12th; you had learned of the
3 death of Michelle Manojlovich over the same long night
4 shift. You had learned as well of the death of
5 Kristin Inwood. You had not when you talked to her
6 learned of the death of Charlón Gardner because she --
7 I'm sorry, and Sharlin Gardner as well had died at
8 4:30 in the morning of the day you told us you spoke
to Susan Nelles.

9 A. Yes.

10 Q. Are you clear in your own
11 mind today that none of those other children were
12 discussed with Susan Nelles during that telephone
13 discussion?

14 A. Yes.

15 Q. Do you recall what time of
16 day it was that you had that discussion with Miss
17 Nelles?

18 A. I remember the phone call
19 somewhere around four at the end of my day. It was
a very long day.

20 Q. By the time that Dr. Fowler
21 came to you to discuss the death of Kevin Pacsai and
22 the possibility of an inquest there had been seven
23 deaths on Wards 4A/4B. We have discussed them all.
24 And he told you there might be a Coroner's inquest, and
25



1

114 2 you have told us by the time you completed your
3 review of the child's chart that day it had entered
4 your mind that digoxin may have contributed to that
5 child's death.

6 Do I have that correctly so far?

7 A. Yes.

8 Q. Did you at that point, Mrs.
9 Radojewski, consider the possibility that digoxin
10 may have contributed to the deaths of any other
11 children that you knew to have died in such a short
12 time frame on the ward?

13 A. No.

14 Q. Did you make any connection
15 between the possibility of an inquest on Pacsai's
16 death, the apparent possibility that digoxin had
17 contributed to his death and the circumstances sur-
rounding the deaths of any other child on Ward 4A or
Ward 4B in the prior months?

18 A. No, I didn't.

19 Q. As I understand it, on the
20 weekend of March 20th to the 22nd, although you were
21 not working in your normal capacity as head nurse on
22 Ward 4A, you did, however, work as nursing supervisor
both days. Do I have that correctly?

23 A. Yes.

24

25



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Radojewski
dr.ex. (Cronk)

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115 1 Q. And you were covering Wards 4A
1 2 3 Q. On which of those two days, Saturday and Sunday?
1 4 A. Yes.
1 5 Q. And you worked an 8-hour day
1 6 on which?
1 7 A. Yes.
1 8 Q. Can we deal first with the
1 9 events of March 20th. We know that Allana Miller
1 10 was admitted to the Hospital on the Thursday night
1 11 (March 19th) at approximately 10:37 p.m. That
1 12 is well after you had left work that day,
1 13 March 18th?
1 14 A. Yes.
1 15
1 16
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DM/PS

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Q. You didn't see the child on her admission that day?

A. No.

Q. On Friday, March 20th, however, as nursing supervisor I take it you would have been informed of her admission the night before and you would have seen her on your rounds?

A. Yes.

Q. Do you recall now what her condition was when you saw her on March 20th, the Saturday?

A. Her condition was that she appeared a bit sick.

Q. I am sorry, a little louder.

MS. CRONK: We have some difficulty hearing.

THE WITNESS: She was a bit sick.

Q. Did you make your rounds on Saturday, March 20th at the same time that you normally did?

MR. ROLAND: Ms. Cronk I think has got her days mixed up, Saturday was March 21st.

THE COMMISSIONER: Yes.

MR. ROLAND: This witness was working her regular shift on Friday, March 20th as head



1
2 nurse.

3 MS. CRONK: Yes, Mr. Roland. Thank you,
4 that is right. I'm sorry.

5 THE COMMISSIONER: What does that NO
6 stand for on the WIN sheets?

7 Q. Can you help us with that?

8 A. It stands for Nursing Office.

9 Q. Nursing Office, that is the same
as the supervisor.

10 THE WITNESS: Yes.

11 Q. Thank you. All right.

12 Mr. Roland is entirely correct, Mrs.
13 Radojewski, I confused the two days there. On March
14 19th, the day of Allana Miller's admission, last
15 admission to the hospital, you worked during the day
16 an 8 hour shift, and she was admitted later that
17 night, and I take it you would not have seen her, do
I have that correctly?

18 A. No.

19 Q. March 20th, however, as Mr.
20 Roland points out, you did work a normal 8 hour shift?

21 A. Yes.

22 Q. I put the question to you, what
23 you observed her condition to be on the Saturday, may
I put the same question to you on the Friday. Do you

24
25



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3 2 recall now what her condition was when you first saw
3 her after she had been admitted to the hospital, that
4 would have been the Friday.

5 A. She looked to be a bit sick,
6 her color was pale, she had an intravenous and she
7 just looked quite lethargic.

8 Q. I take it that would have been
9 early in the morning when you first did your normal
10 rounds as head nurse with the team leader on your
ward.

11 A. Yes.

12 Q. Did you see her again before
13 you left work that day?

14 A. Yes.

15 Q. When was that?

16 A. I did a nursing round with the
17 team leader before I left for the day.

18 Q. Can you help me as to whether
19 that would have been shortly before your shift ended,
20 that is, at 3:45?

21 A. It would probably have been one
22 of the last things I did.

23 Q. What was her condition then?

24 A. She had improved a bit from
25 early in the morning. Her parents had come in the



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Radojewski
dr. ex. (Cronk)

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Q. When you left the hospital that
6 day, I am talking now the Friday lest I forget it
7 again, when you left that day, in your judgment was
8 Allana Miller in a critical condition?

9 A. No, she was not.

10 Q. Was she in your judgment at
.. imminent risk of death?

12

12 Q. Was there any reason in your
13 mind when you left work to consider that she might
14 have an arrest and die that night, based on what you
15 had observed?

16 A. No.

17 Q. Then I believe, as I earlier
18 suggested, you did come in to work on Saturday, March
19 the 21st, but this time in the capacity as a nursing
supervisor.

A. Yes.

21 Q. And in accordance with your
22 normal routine that you previously outlined for us,
23 did you commence your rounds that morning on Wards 4A/4B?



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A. Yes.

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Q. In the course of those rounds
did you learn of Allana Miller's death?

5

6

A. I had learned of her arrest
before I made my rounds.

7

8

Q. How did you learn of her arrest
and death?

9

10

11

A. As I passed through 4A and B on
my way to nursing office there had been a used
emergency basket sitting on the nursing station, and
I asked Mrs. Trayner what happened and she told me that
Allana Miller had died, had arrested and died.

12

13

Q. I am sorry, when you refer to a
used emergency basket, what are you referring to?

14

15

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A. There is, the top part of the
emergency cart is actually a basket in that it is
portable, it is a metal basket which is sealed until
it is used during an arrest. Once it is used it is
returned to the central supply department and we then
get a new restocked basket.

19

20

Q. And where did you see this
basket?

21

22

A. It was placed on the nursing
station, on the counter of the nursing station.

23

24

25

Q. And that is where you had your



1

6 2 discussion with Mrs. Trayner?

3 A. Yes.

4 Q. And that was while you were on
5 your way to the Nursing Office starting with that
6 morning?

7 A. Yes.

8 Q. Do you recall what Mrs. Trayner
9 told you, if anything, other than the fact that Allana
Miller had arrested and died?

10 A. She had said that Allana had
11 arrested somewhere between 2 and 3, and that the
12 resuscitation team had worked on her for quite a
13 while. She had stated that her heart rate had become
14 irregular before she arrested, and Michael Schaffer,
15 one of the cardiology Fellows that we knew had come
16 for the arrest and Michael had a conversation with one
17 of the physicians that was there after Allana was
18 pronounced dead, they were wanting to remove her
19 intravenous line and the physician had questioned
20 Michael as to whether or not this may be a coroner's
21 case.

22 THE COMMISSIONER: Whether this was
23 what?

24 THE WITNESS: Would be a coroner's
25 case.



1

7 2 Q. Did Mrs. Trayner tell you who
3 that physician was?

4 A. No.

5 Q. Did she tell you what Dr.
6 Schaffer's response was?

7 A. I don't recall.

8 Q. Was it your impression, at the
9 time when you were discussing with Mrs. Trayner, that
10 Allana Miller was a coroner's case?

11 A. I remember just being surprised
12 that she had died.

13 Q. In light of what you had
14 observed about her condition the day before, I take it
15 you were very surprised indeed that she had died.

16 A. Yes.

17 Q. Do you recall whether or not
18 Mrs. Trayner told you anything else during the course
19 of that discussion regarding her death?

20 A. No, I don't recall at that
21 time.

22 Q. What did you do after your dis-
23 cussion with Mrs. Trayner?

24 A. I was running short of time and
25 I had to report for my supervisory duty in the
Nursing Office, so I proceeded through to the Nursing



1

8 2 Office to get report.

3 Q. Was there anyone else present
4 during your discussion with Mrs. Trayner?

5 A. There could have been, we were
6 just standing at the front of the nursing station.

7 Q. Was Mrs. Trayner, like yourself,
8 as far as you could observe, upset at the death of
9 Allana Miller?

10 A. Yes.

11 Q. Did she seem to be as surprised
12 as you were, or could you tell?

13 A. I don't know that I could tell.

14 Q. Did you have the impression that
15 she regarded the child's death as being unexpected?

16 A. I was left with that impression.

17 Q. You have told us that you went
18 on to the Nursing Office, did you then return to the
19 ward?

20 A. I returned to the ward at a
21 later time to do my rounds.

22 Q. Prior to returning to the
23 ward to do your rounds, did you have any further
24 discussions with anyone concerning the death of
25 Allana Miller?

26 A. Yes. I phoned back to the ward



1

9 2 because I had some concern, and I spoke with Susan
3 Nelles on the phone. I remember asking her whether
4 the family had come down to see Allana during the
5 night, after she had died, and Susan told me that
6 they had. I asked, I inquired as to how they had
7 accepted her death and Susan said they had taken it
8 quite well, that they had been told that her surgery
9 would be quite risky.

10 Q. How did it come about that you
11 spoke to Susan Nelles, did you call the ward?

12 A. Yes, I called the ward.

13 Q. Did you ask for Susan Nelles?

14 A. No.

15 Q. How did it come about that you
16 ended up speaking with her?

17 A. She picked up the telephone.

18 Q. Other than the discussion with
19 respect to the reaction of the parents and the informa-
20 tion that had been provided to them, was there any
21 other matter discussed regarding Allana Miller during
22 that telephone conversation with Ms. Nelles?

23 A. No, not that I recall, I remember
24 the concern I had over the family.

25 Q. Was there any discussion regard-
26 ing what Phyllis Trayner had told you had been the



1

10 2 inquiry as to whether or not the Miller case was to be
11 3 a coroner's case?

12 4 A. Not that I recall.

13 5 Q. Was there any discussion regarding the medications that the child had received?

14 6 A. No.

15 7 Q. You don't recall any other
16 8 matters that were discussed?

17 9 A. That's right.

18 10 Q. What time would that telephone
19 11 call have taken place, approximately, as best you
20 12 can recall?

21 13 A. Around 8, possibly a bit before
22 14 8.

23 15 Q. Was that the first time that
24 16 you had spoken to Susan Nelles since your discussion
25 17 with her on March 18th regarding Pacsai?

26 18 A. That would have been the first
27 19 time, yes.

28 20 Q. Was there any other discussion
29 21 during that telephone conversation regarding Pacsai?

30 22 A. Not that I recall.

31 23 Q. After you had concluded your
32 24 discussion with Ms. Nelles, did you then return to
33 25 the ward?



1

11 2 A. I did my nursing rounds on the
3 ward.

4 Q. And during the course of your
5 rounds were there any further discussions in which
6 you participated regarding the death of that child?

7 A. It was either, I think -- I am
8 quite sure it was after I had done my rounds, because
9 I can remember coming down the hall from 4A to the
10 nursing station and seeing Michael Schaffer there,
11 the cardiology Fellow that had been on that night.
12 I remember asking him if he knew why Allana Miller
13 had died.

14 Q. Was there anyone else present
15 during your discussion with Dr. Schaffer?

16 A. There could have been, it was
17 just at the nursing station.

18 Q. Do you recall one way or the
19 other?

20 A. No, I don't.

21 Q. Did Dr. Schaffer offer an
22 explanation as to why she had died?

23 A. No, he had no explanation to
24 offer, he was surprised.

25 Q. Did he seem uncertain as well
as to why she had died?



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12 2

A. That was the impression I was
left with.

4

Q. Why did you ask him?

5

A. Because I thought she had been
improving the day I left. I knew that her surgery
was risky but I didn't feel that she was a patient
that we would have lost pre-operatively on the ward.

8

Q. Was there any discussion between
Dr. Schaffer and yourself at that point as to whether
or not the case was going to be a coroner's case?

11

A. I don't recall.

12

Q. Do you recall raising it with
him yourself?

13

A. I don't recall.

14

Q. We know that you have told us
that Kevin Pacsai was the first potential coroner's
case that you have been involved with, do I have
that correctly?

18

A. A coroner's inquest.

19

Q. A coroner's inquest.

20

A. Yes.

21

Q. Was there any suggestion in your
discussion with Mrs. Trayner that there might be an
inquest with respect to Allana Miller?

23

A. Could you repeat that, please?

24

25



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Q. You have told me that she, Mrs.

3

Trayner, repeated a discussion to you that had apparently taken place between Dr. Schaffer and another physician by way of an inquiry as to whether or not Allana Miller was going to be a coroner's case. Did she suggest to you that there had been any discussion with respect to an inquest for Allana Miller?

7

8

A. No. I remember a coroner's case being brought up, but not inquest.

10

11

Q. You don't recall having discussed that aspect of the matter with Dr. Schaffer during your discussion with him?

12

13

A. No.

14

15

16

17

Q. Did Dr. Schaffer, during the course of the conversation that you had with him at the nursing station, suggest to you that digoxin toxicity may have contributed in some way to this child's death?

18

A. I don't recall that.

19

20

21

22

23

24

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Q. We have heard evidence here from another witness, and this you may recall is the evidence of Bertha Bell, that following the death of Allana Miller she recorded that suggestion was made to a number of the nurses, including herself, by Dr. Schaffer. Was that possibility raised with you



14 2 by anyone on that Saturday?

3 A. Not that I recall, no.

4 Q. In your own mind, given what
5 you knew about Pacsai, and given the thoughts that
6 had occurred to you with respect to his death; when
7 you learned that Allana Miller had died unexpectedly,
8 did it occur to you at that time that there might be
a connection with her death and digoxin?

9 A. No.

10 Q. It did not enter your mind at
11 all?

12 A. No.

13 Q. Other than your discussion with
14 Dr. Schaffer at the nursing station, did you have
15 any discussions with anyone else during the rest of
16 that day, on Saturday, regarding the death of Allana
Miller?

17 A. No.

18 Q. Did you at any point prior to
19 the arrest of Susan Nelles, which we know first
20 occurred on March 25th, 1981, review with anyone the
21 medications that this child had received, Allana
Miller, at the hospital, prior to her death?

22 A. No.

23 Q. We have heard in evidence,



1
2 and you will recall that this is the evidence of Ms.
3 Bell and it is found -- the evidence of Ms. Bell, that
4 suggests that at 1:00 in the morning of the night that
5 Allana Miller died, it is possible that the dose of
6 gentamicin that was recorded as having been given to
7 the child was given by Phyllis Trayner, although it
8 appears to have been signed off by Susan Nelles.
9 That evidence as well came forth at the preliminary
hearing when Mrs. Trayner testified.

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When did you first become aware of the suggestion that a medication prescribed for Allana Miller may have been given the night of her death by Phyllis Trayner yet signed off by Susan Nelles?

A. In the reporting that was done at this Commission when Mrs. Bell was speaking.

Q. You did not know of the matter then before the appointment of this Royal Commission?

A. Yes.

Q. In your experience as a nurse on the cardiology unit at the Hospital for Sick Children were you ever made aware of an occasion when one nurse gave a medication and another signed off for it?

A. No.

Q. All right. As a former head nurse what is your reaction to that practice?

A. Very sloppy.

Q. Would it be of concern to you?

A. Yes.

Q. To your knowledge, that didn't happen?

A. I was not made aware of it.

Q. Did you at any point discuss



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2

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with Mrs. Bell any of the medications that had been given to Allana Miller that night?

4

A. No, not that I recall.

5

6

7

Q. At any point did you discuss with Phyllis Trayner and continuing until today the medications that were given to Allana Miller that night?

8

A. No.

9

Q. Similarly at any point and continuing until today, have you discussed with Susan Nelles the medications that were given to Allana Miller the night that she died?

12

13

14

15

16

17

A. No.

Q. And I take it that there was

never any indication given to you, nor any reporting made to you as to who had given that dose of gentamicin at 1 o'clock in the morning to Allana Miller?

18

A. That's right.

19

Q. We have also heard in evidence

20

from Mrs. Bell that during the night of March

21

20th, the long night shift before Allana Miller

22

died, that she observed Mrs. Trayner administering a medication into the buretrol of Allana Miller.

23

Prior to Bertha Bell giving evidence before this

24

25



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Radojewski, dr.ex. 5334
(Cronk)

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2 Commission, had you at any time discussed with
3 her any of her observations concerning that night?

4 A. No.

5 Q. All right. Prior to Mrs. Bell
6 giving evidence before this Commission, were you
7 aware of the fact that she apparently observed Mrs.
8 Trayner administering a medication into the buretrol
of Allana Miller?

9 A. No.

10 MS. CRONK: Sir, I am about to turn
11 to the events concerning Justin Cook.

12 THE COMMISSIONER: Yes. All right,
13 well, we will rise then until 2:15.

14 MS. CRONK: Thank you, Mrs.
Radojewski.

15
16 ---Luncheon Recess.

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2 ---Upon commencing.

3 THE COMMISSIONER: Yes, Ms. Cronk.

4 MS. CRONK: Sir, I note that Ms.
5 McIntyre is not in the room.

6 THE COMMISSIONER: No, I note that she
7 is.

8 MS. CRONK: Q. Mrs. Radojewski, you
9 will recall earlier this morning you produced for me
10 a copy of your personal day book that you maintained
11 for 1981. I am showing you now a photocopy of the
12 pages for 4 months from that book for the month of
13 December, 1980 through to March, 1981 inclusive.

14 THE COMMISSIONER: It is a calendar,
15 is it?

16 MS. CRONK: Yes. From her day book.
17 THE COMMISSIONER: I'm sorry, it
18 looks like an ordinary calendar to me. Is this a
19 day book?

20 MS. CRONK: Well, that may be my
21 mismother, sir.

22 THE COMMISSIONER: It's a calendar, isn't
23 it?

24 THE WITNESS: Yes.

25 THE COMMISSIONER: Do you call this a
26 day book also?



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2 THE WITNESS: No.

3

4 THE COMMISSIONER: It is a month book
if it anything. It is a calendar then.

5

6 THE WITNESS: Yes.

7

8 MS. CRONK: Q. Mrs. Radojewski, are these
9 four pages copies of the month book entries for
10 December through to March inclusive, 1981?

11

12 A. Yes.

13

14 Q. And I note that there are no
15 entries at all for the month of December, 1980.

16

17 A. That's right.

18

19 Q. And there appear to be no entries
20 during the month of January that pertain to the matters
21 of interest to the commission.

22

23 A. Yes.

24

25 Q. Similarly, during the month
of February there appear to be no entries pertinent
to the matters of interest to the commission.

26

27 A. Yes.

28

29 Q. And then when we come to the
30 month of March there is the entry on March 18th that
31 you have already drawn to our attention with
32 respect to the call to Susan Nelles and as well you
33 have noted on March 25th the fact that Susan Nelles
34 was arrested on that day and on the 27th the fact that

35

36



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2 there were three more charges.

3 A. Yes.

4 Q. Is there anything else on the
5 page for the month of March, 1981 that applies to the
6 deaths of these infants at the Hospital for Sick
7 Children?

8 A. No.

9 Q. I have asked you, Mrs.

10 Radojewski, whether you maintained a similar book for
11 the rest of the year in 1980. You have told me as
12 I understand it that you do not presently recall
13 whether you have it still in your possession; do
14 I have that correctly?

15 A. That's correct.

16 Q. But you have undertaken to
17 look this evening for me and if so to produce it in
18 the morning?

19 A. Yes.

20 Q. With respect still -- I'm sorry,
21 sir, did we mark that as the next exhibit?

22 THE COMMISSIONER: Yes. What number
23 is it?

24 THE REGISTRAR: 370.

25 THE COMMISSIONER: 370.



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EXHIBIT NO. 370:

Four pages from Mrs. Radojewski's calendar, December 1980 through to March, 1981.

MS. CRONK: Q. With respect still to that telephone discussion that you did have with Ms. Nelles on March 18th, can you tell me, did you keep notes of that telephone discussion?

A. No, I thought that I had but I did not.

Q. All right. During the course of that telephone discussion do you recall asking Ms. Nelles whether or not she had observed any individual administering medications to Kevin Pacsai the night before he died?

A. I don't recall that I asked her that.

Q. One further question with respect to another matter we discussed this morning. You will recall the meeting during which you discussed with two team leaders the deaths of five children at the hospital. You will recall that we have seen your notes that you prepared with respect to those discussions. Was it suggested at any time during that meeting by either of those team leaders that the conduct of the residents or the fellows at the hospital in any way had contributed to the deaths of



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2 those five children?

3 A. I'm not left with the impression
4 that they were suggesting that. My recollection of
5 that was the impression that they were putting forth
6 some criticisms that could perhaps be looked into.
7 I didn't perceive it as being relative to the cause of
death of the children.

8 Q. All right. Indeed, I suggest
9 to you that the criticisms, if they can be called
10 such, that you have recorded in your notes apply to
11 such matters as the length of the resuscitation period,
12 the decision making that goes on during the resuscita-
13 tion period and that there is in fact I suggest no
14 reference in your notes which speaks to the involvement
15 of the fellows and the residents in the cause of
death of any of these children; isn't that correct?

16 A. Yes.

17 Q. All right. I would like to
18 return to one other matter briefly that we discussed
19 this morning and that's the issue of the dose of
20 gentamicin that we have heard was given to Allana
21 Miller on the night of her death at 1:00 in the
morning. You will recall that we discussed that.

22 A. Yes.

23 Q. And we discussed as well what has

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2 been heard here in this commission that it appears
3 that one nurse administered that dose while another
4 signed off for it. I take it, and I would ask you to
5 confirm this for me, that in busy periods on the ward,
6 whether during the day or whether during the long
7 night shift one nurse could give a medication for
another.

8

A. Yes.

9

Q. That was not in any way an un-

10 usual practice.

11

A. No, it was not.

12

Q. If that did occur, what was the
13 expected practice in terms of recording the fact that
the medication had been given?

14

A. It was the responsibility of the
15 nurse that had administered the medication to sign
16 for the medication.

17

Q. And so far as you are concerned
18 as the head nurse on Ward 4A, was that a rule that
was known to the nurses on your ward?

19

A. Yes.

20

Q. All right. And it has been
21 suggested here as I have told you that it appears that
22 with Allana Miller that night that rule of practice
23 was not followed. Can you think of any situation which

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25



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2 in your experience as a head nurse would justify the
3 practice of one nurse giving a medication to a child
4 and another signing off on the medication treatment
5 record although she had not given the drug?

6 A. Nothing really comes to mind
7 other than sloppy practice and being in a hurry to
8 sign off your charts and get off duty.

9 Q. Are the charts, the medical
10 treatment records in fact signed off on occasion before
the drugs are given?

11 A. To my knowledge, no.

12 Q. Well, I appreciate that perhaps
13 that's not a desirable practice, but in your experience
did you know it to happen on occasion?

14 A. Yes, on occasion.

15 Q. All right. And if that had in
16 fact occurred, I take it that a nurse could sign off
17 for a medication having been given and then as events
18 proceeded throughout the evening someone else might
19 actually have given the medication for her because
20 she became busy with other duties; that's a pos-
sibility?

21 A. That's a possibility.

22 Q. But I take it it was not the
23 normal, nor an encouraged practice for nurses to sign

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2 off on the medication treatment record before the
3 medication had in fact actually been given.

4 A. Definitely not encouraged.

5 THE COMMISSIONER: Have you ever done
6 it yourself?

7 THE WITNESS: Pardon?

8 THE COMMISSIONER: Have you ever done
9 it yourself?

10 THE WITNESS: No, I have always --

11 THE COMMISSIONER: Have you known of
12 any instance where you discovered that it was done?

13 THE WITNESS: No.

14 THE COMMISSIONER: Well, why did you say
15 it was signed off before giving medication, on occasion
16 it is done? What is your authority, what is your
17 basis for saying that?

18 THE WITNESS: There is nothing that
19 physically prevents them from signing off ahead of
20 time a medication that they haven't given as yet.

21 THE COMMISSIONER: No, but you said
22 it was sometimes signed off before it was given and
23 I just wondered what is the basis, you are saying
24 merely because it can be done?

25 THE WITNESS: Yes.

THE COMMISSIONER: Have you ever heard



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2 of it being done, do you know of any instance when it
3 was done?

4 THE WITNESS: Other than this instance,
5 that's the only one I have been made aware of.

6 THE COMMISSIONER: Well, we don't even
7 know what happened in this instance because we haven't
8 had any testimony from the people who are most involved.
9 Do you know of any other instance that may have oc-
curred?

10 THE WITNESS: No, I don't.

11 MS. CRONK: Q. I take it then,
12 Mrs. Radojewski, and I confess that I was left some-
13 what confused by that exchange, that you have never
14 known it to happen in your experience on that ward?

15 THE COMMISSIONER: I would put it more
16 broadly than that. Have you ever known it to happen
17 in your experience anywhere?

18 THE WITNESS: Yes.

19 THE COMMISSIONER: Tell me, what was
20 that occasion?

21 THE WITNESS: I had seen it done in my
22 nurse's training in another hospital.

23 THE COMMISSIONER: What were the circum-
24 stances? I know this isn't really relevant to what
25 we are talking about, but what happened on that occasion,



1

2 how did you know?

3 THE WITNESS: There was a registered
4 nurse who was going through the chart and I saw her
5 signing off medication definitely before the time
6 a couple of them were due to be given. This was many
7 years ago.

8

9 THE COMMISSIONER: Is that the only
10 occasion?

11

12 THE WITNESS: Yes.

13

14 MS. CRONK: Q. And in your experience
15 at the Hospital for Sick Children you had never
16 known an occasion when that happened?

17

18 A. That's right.

19

20 Q. You would regard it as most
21 unusual if it did?

22

23 A. Yes.

24

25 Q. Would you regard it as inconsistent
with high levels of skill and performance by your
nurses?

26

27 A. Yes.

28

29 THE COMMISSIONER: Well, to put it on
30 another basis. Do you find it inconsistent with
31 nursing, having nothing to do with high levels, is
32 it inconsistent, is it improper?

33

34 THE WITNESS: Yes, I believe that it is.

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THE COMMISSIONER: Well, you said, "I believe", that seems to qualify it a bit. Do you have any doubt about it?

5

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THE COMMISSIONER: I don't want to push you into this because if it does happen regularly I want to know, but it struck me as odd but it may be that it is done all the time and if it seems to be as serious an infraction as it would be. I just really want you to answer honestly, and I don't suggest for a moment that you haven't been honest, but I want you to tell me if it does happen and I would like to know about it and if it doesn't happen, if it seems very strange and improper to you, I want to know about that too.

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THE WITNESS: No, I have no doubt about it.

THE COMMISSIONER: I don't want to

push you into this because if it does happen regularly I want to know, but it struck me as odd but it may be that it is done all the time and if it seems to be as serious an infraction as it would be. I just really want you to answer honestly, and I don't suggest for a moment that you haven't been honest, but I want you to tell me if it does happen and I would like to know about it and if it doesn't happen, if it seems very strange and improper to you, I want to know about that too.

THE WITNESS: It does seem strange and improper to me because we are taught in our training that you can't, there are busy times in the work place where you can give a medication for another nurse but if you give a medication you are required to sign for it.

THE COMMISSIONER: Yes, all right, thank you.

MS. CRONK: Thank you, sir.



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2 Q. Mrs. Radojewski, you have told
3 us that as head nurse of Ward 4A you had occasion
4 both to work with and I take it observe the performance
5 of both Susan Nelles and Phyllis Trayner as nurses.

6 A. Yes.

7 Q. All right. In your judgment,
8 based on your exposure to her and in your capacity
9 as her former head nurse, was Susan Nelles a competent
nurse?

10 A. Yes.

11 Q. Was she as well in your judg-
12 ment on that basis an experienced nurse in pediatric
13 cardiology?

14 A. Yes.

15 Q. And in your judgment based on
16 your exposure to her --

17 THE COMMISSIONER: I'm sorry, why was
18 the pause, why did you pause when you were asked if
she was experienced?

19 THE WITNESS: Because I felt that
20 Susan was still growing but I would have considered
21 her as experienced. There is always room to acquire
22 more knowledge in pediatric cardiology. This is the
23 difficulty with the definition of experienced.

24 MS. CRONK: Q. There were I take it a

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2 number of nurses on 4A staff who had less experience
3 than Susan Nelles did in pediatric cardiology?

4 A. Yes.

5 Q. Although they may as well have
6 been competent in their functions, I am not suggesting
7 otherwise.

8 A. Yes.

9 Q. But in that context amongst the
10 4A nursing staff you regarded her as an experienced
11 nurse?

12 A. Yes.

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2 Q. And in your judgment based

3 on your observations of her did you consider Phyllis
4 Trayner to be a competent nurse?

5 A. Yes.

6 Q. And again in that context
7 based on your observations of her did you regard her
8 as an experiencednurse in pediatric cardiology?

9 A. Yes.

10 Q. If this incident with Allana
11 Miller that I have described to you in fact did occur
12 and Susan Nelles did sign off on a medication treatment
13 record for a drug that it has been suggested she did
14 not give, is that inconsistent with what you have
15 observed to be the standard of her nursing skills?

16 A. Yes.

17 Q. And similarly if Phyllis
18 Trayner gave a drug for Susan Nelles to Allana Miller
19 that night and did not herself sign off indicating
20 that she had done so, would that behaviour in your
21 judgment be inconsistent with what you had observed
22 to be the standard of her nursing skills?

23 A. Yes.

24 Q. Difficult to understand from
25 either?

26 A. Yes, it is.



1

BB2

Q. I turn now to the matter of
Justin Cook and your exposure to him on Saturday,
March 21st.

You told us you worked that day as
a nursing supervisor, and in your normal fashion,
passed through Ward 4A/4B early in the morning on
the way to the nursing office. Did you learn that
morning that Justin Cook had been admitted the previous
night to Ward 4A?

A. Yes.

Q. Did you have occasion to see
him that morning when you were making your rounds
on Ward 4A?

A. Could you repeat that, please?

For which morning?

Q. Saturday, March 21st.

A. Yes.

Q. He was admitted late Friday
night. On Saturday, when you were in the Hospital
and made your rounds as nursing supervisor on 4A,
did you see Justin Cook?

A. Yes, I did.

Q. What was his condition when
you saw him?

A. He had some circumoral cyanosis.



1

BB3 2 Q. I'm sorry, I can't hear you,
3 Mrs. Radojewski.

4 A. He had some circumoral
5 cyanosis and in oxygen. He was resting quietly in
6 his bed. He looked fairly stable.

7 Q. Was this before or after Justin
8 was taken to the cardiac catheter lab?

9 A. This was before.

10 Q. All right. Was this when you
11 made your first rounds that morning at approximately
12 nine o'clock, 9:30?

13 A. Yes.

14 Q. Did you see him again that
15 day after he had returned from the catheter lab?

16 A. Yes.

17 Q. What was his condition then?

18 A. He still appeared to be
19 cyanosed. He was in some oxygen. And he was very
20 quiet. I had been told, and I saw it on the chart
21 that he had received three doses of valium and he
22 was resting very quietly.

23 Q. The purpose of the valium,
24 would it be fair of me to suggest, would be to quiet
25 him down and allow him to rest after the catheter
procedure?



BB4

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A. No. The purpose of the valium, if I can explain?

Q. Yes.

A. He more than likely was extremely restless during the cardiac catheterization and it was administered during the cardiac catheterization.

Q. For the purpose of calming the child down?

A. Yes.

Q. What time of day was it when you saw Justin Cook on that occasion after he had come back from the catheter lab?

A. That was in my afternoon rounds. Some time after two o'clock. I don't remember exactly when I saw him.

Q. You said a moment ago, as I understood it, you had a chance to look at Justin Cook's chart?

A. Yes.

Q. Did you observe when you went through his chart that Justin Cook was not prescribed to have been on digoxin?

A. I don't recall that I would have looked for that at that particular time. I was



1
BB5 2 looking for the results of the cardiac catheterization
3 in his chart.

4 Q. On Saturday, March 21st, did
5 you know that Justin Cook was not on digoxin?

6 A. I don't recall that I knew
7 that for sure. I wouldn't have expected him to be.

8 Q. All right. Did you see him
9 at any other point on Saturday, March 21st, before
you left work?

10 A. No. That was the last time
11 I saw him.

12 Q. Why would you not have
13 expected Justin Cook to have been on digoxin?

14 A. The admitting diagnosis that
15 he had come in with was I believe tetralogy with
16 blue spells and digoxin is not part of the medical
17 treatment that a preoperative tetralogy patient would
have received.

18 Q. In your experience would
19 digoxin for that type of a patient with that kind of
20 a condition be contraindicated?

21 A. Yes.

22 Q. Was he on constant care
23 when you left the ward on the Saturday, March 21st?

24 A. I know that Mrs. Scott was



1
BB6 2 looking after him solely. I am not sure if -- the
3 chart had said something about watching him closely,
4 but I don't believe there was an order there for
5 constant care. I know we had Mrs. Scott assigned to
6 just him because of accompanying him to the cath. lab
on the weekend.

7 Q. When you left was there any
8 reason in your mind to feel that Justin Cook was then
9 in the process of dying?

10 A. No.

11 Q. Was he in your judgment at
12 that time when you left in grave condition indeed?

13 A. He beared watching, but I
14 wouldn't say he was grave.

15 Q. He wasn't critical then?

16 A. No.

17 Q. Were you involved that Saturday
18 in assigning the various nurses for the long night
shift to their duties for that evening?

19 A. No.

20 Q. Who would have done that that
21 day?

22 A. The nurse in charge for that
23 8-hour -- in the 8-hour portion of that day.

24 Q. I am going to show to you,

25



1

BB7

2

Mrs. Radojewski (this, sir, is part of Exhibit 32A; it is Tab 13 of the Ward 4A assignments books) entries for Saturday, March 21st, for the 4A staff. You have suggested that Mrs. Scott during the day was caring solely for Justin Cook because he was intended for a catheter procedure and to take care of him when he returned.

3

I suggest to you that during the day shift Mrs. Scott had three patients to care for, Justin Cook being one, a patient Adairo in 418 and a patient Veilleux in 418 as well.

4

A. Yes.

5

Q. So she had three during the day, and during the evening shift, according to the assignment book, she again had three patients, only one of whom was Justin Cook.

6

A. Yes.

7

Q. And there was no indication in the assignment book for either the day or at that point the early evening shift that Justin Cook was on constant care?

8

A. That's right.

9

Q. Now on the day shift entries there appear the letters CC beside Justin Cook. Does that stand for cardiac catheterization?

10

11



BB8

1
2 A. Yes.

3 Q. And if we look at the 4A nurs-
4 ing team who was assigned for long night duty on the
5 evening of March 21st we see Mrs. Trayner as the
6 nurse in charge with one patient in Room 426.

7 A. Yes.

8 Q. Miss Nelles with one patient
9 in 418, namely Justin Cook.

10 A. Yes.

11 Q. Mrs. Christie with three
12 patients in 425, one in 418 and two in 421.

13 A. Yes.

14 Q. And Miss Brownless with four
15 patients in Room 418.

16 A. Yes.

17 Q. Do I understand you to be
18 saying that because you were nursing supervisor on
19 that Saturday you did not determine which patient
20 assignments those women would have on that long night
21 shift?

22 A. That's right.

23 THE COMMISSIONER: I take it it is
24 Miss Mandal's report? Am I right on that?

25 MS. CRONK: I'm sorry, sir, I didn't
26 hear you.



1

BB9

2 THE COMMISSIONER: I'm just wondering
3 who it would be. Who would be the person -- you have
4 that assignment --

5

MS. CRONK: She does now.

6

THE WITNESS: Miss Mandal would make
7 the assignment.

8

THE COMMISSIONER: Yes.

9

THE WITNESS: For the long night
10 people.

11

THE COMMISSIONER: Yes. All right.

12

Thank you.

13

MS. CRONK: Q. Just while we are
14 on the matter of the assignments; and I am sorry to
15 refer again to the previous evening, but there was
16 some issue about this earlier.

17

I would ask you to look at again the
18 long night nursing assignments for March 20th and
19 specifically the assignments for Miss Nelles. Do I
have it correctly that on the long night shift she
was assigned one patient in Room 423?

20

A. Yes.

21

Q. Two patients in Room 418,
22 one of whom she appears to have cared for only until
23 eleven o'clock that evening?

24

A. Yes.

25



1

BB10 2 Q. And after eleven o'clock
3 she had only one patient in 418 and one in 423?

4 A. Yes, by what is written there.

5 Q. And the patient in 423 for
6 whom she was caring was Allana Miller?

7 A. Yes.

8 Q. And you would have done those
9 assignments because they would have been prepared
10 during the day on Friday, March 20th? Do I have that
correctly?

11 A. I did parts of the assignments,
12 yes.

13 Q. Do you recall now whether you
14 did the assignments for Allana Miller? Did you assign
Miss Nelles to the care of Allana Miller?

15 A. Yes, that's my writing.

16 Q. And did you also assign her
17 to two patients until eleven o'clock and only one
18 patient thereafter?

19 A. I assigned her to the two
20 patients in 418, but the notation "until 2300 only"
21 is not my writing.

22 Q. So that presumably would have
been done by somebody else after you left that day?

23 A. Yes.

24

25



1

BB11 2

Q. During the course of the day on Saturday, March 21st, Mrs. Radojewski, did you at any time observe anyone administering a medication to Justin Cook?

5

6

A. No, I did not.

7

Q. What time did you leave work that Saturday?

8

9

10

A. I don't remember exactly. It was more than likely when the shift was due to be ended at 3:45 or 3:30.

11

12

13

Q. Do you recall being there at approximately six o'clock when Justin Cook ran into some difficulties?

14

15

A. No.

Q. Had you left the Hospital by then?

16

17

A. Yes.

18

Q. Did you at any time on the Saturday before leaving the Hospital learn about an intended lock-up of digoxin on Wards 4A/4B?

19

20

A. No, I did not.

21

Q. Do you recall being interviewed -- I'm sorry; I'm sure you do recall it. We have mentioned it several times today. I am referring to the interview with Mr. McGee and Mr. Wiley on

24

25



Radojewski
dr.ex. (Cronk)

1

BB12 2 December 1, 1981. Do you recall that interview?

3 A. Yes.

4 Q. And you recall the matter of
5 the lock-up of digoxin being discussed at that
6 interview?

7 A. Yes.

8 Q. I suggest to you that it is
9 recorded that you informed them at that meeting that
10 you learned on Saturday, March 21st, of an intended
11 lock-up of digoxin on Wards 4A and 4B.

12 Did you tell them that at that meeting
13 on December 1st?

14 A. No.

15 Q. Do you recall what you did
16 tell them with respect to the lock-up of digoxin and
17 when you learned of it?

18 A. The digoxin, the first I
19 learned of the lock-up of digoxin was Sunday morning
20 when I came on the wards.

21 Q. Is there any doubt in your
22 mind about that?

23 A. No.

24 Q. Did you learn at any time on
25 Saturday, March 21st, before leaving work there had
been a meeting that afternoon at the Coroner's offices



1

BB13 2 to discuss the deaths of Janice Estrella and Kevin
3 Pacsai?

4 A. No, I was not aware of that.

5 Q. I believe you have told me
6 earlier today that there was no further discussion
7 that Saturday of which you are aware regarding the
8 involvement of the Coroner's office for the death
of Allana Miller?

9 A. That's right.

10 Q. Did you at any time on
11 Saturday, March 21st, learn about the intended
12 assignment of supervisors to Wards 4A/4B?

13 A. No, I did not.

14 Q. In addition to the personal
15 notes which we have seen today you made concerning
16 a number of these children, including Kevin Pacsai,
17 did you prepare notes concerning certain of the
events which occurred on the weekend of March 20, 1981?

18 A. Yes.

19 MS. CRONK: Mr. Registrar, could you
20 show Mrs. Radojewski, please, Exhibit 32A, Tab 17.

21 Q. Do you have Tab 17, Mrs.
Radojewski?

22 A. Yes.

23 Q. Can you read it?



1

BB14

A. I can read it.

3

4

5

Q. Are these the notes that you made of certain of the events that took place on the weekend of March 20, 1981?

6

A. Yes.

7

8

9

10

Q. I would ask you to look at the first two pages of the notes. They, I suggest, relate to the composition of the nursing teams on Ward 4A over the April 1980 through to mid-April 1981. Is that correct?

11

A. Yes.

12

13

Q. The first two pages -- when were the first two pages of these notes prepared?

14

A. These were prepared some time in the fall of 1981.

15

16

Q. Could you help me as to why you recall it was the fall of 1981?

17

18

19

20

21

22

A. I had had several interviews with the police and I was unable to recall the movement of team members and sometimes team members were switched to other teams, and I thought after I met with them that I should sit down and go through my rotation to see what the movement had been, just for my own recall.

23

24

25

Q. Did you have the assignment



Radojewski
dr.ex. (Cronk)

1

BB15 2 books from Ward 4A or the WIN sheets available to you
3 when you drew up these two pages of notes?

4 A. No.

5 Q. Did you then prepare them
6 solely from memory?

7 A. No. I have a large six-week
8 rotation. Six weeks are done at a time, and I have
9 the copies of those. I have the originals in my
10 office, and that is what I used to do this.

11 Q. All right. Are they duplicates
12 of the WIN sheets we have seen or are they a different
13 kind of document entirely?

14 A. The WIN sheet is a weekly
15 production of one of the six weeks in that rotation.

16 Q. And the sheets that you are
17 referring to were for the entire six-week block of
18 time?

19 A. Yes.

20 Q. And those were available to
21 you in your office when you drew up these pages?

22 A. Yes.

23 Q. Could I ask you to look at
24 the next 13 -- well, I'm sorry, the next 10 pages.
25 They are numbered consecutively in the right-hand
corner at the top, 1 through 10, and I would ask you
to stop at page 10 for the moment.



DM.jc
CC

1

2 These ten pages, Mrs. Radojewski, I suggest relate
3 to certain events which transpired at the Hospital
4 or elsewhere during the period Monday, March 23rd,
5 1981 through to Thursday, March 26th, 1981, is that
correct?

6

A. Yes.

7

Q. When were these ten pages
8 prepared?

9

10

A. These were done some time after
Susan's arrest.

11

12

Q. Again, how is it that you
recall that they were prepared after Miss Nelles had
been arrested?

13

14

A. I just remember doing them at
that time.

15

16

Q. We know Miss Nelles was arrested
on March the 25th for the murder of Justin Cook;
however, there were three subsequent charges laid
two days later. Do you recall now whether she had
been charged with the deaths of Janice Estrella,
Allana Miller and Kevin Pacsai before or after you
made these ten pages of notes?

21

A. I don't recall.

22

23

Q. Were these ten pages of notes
made before or after the end of March, 1981?

24

25



CC. 2

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A. I remember making them before
the end of March, 1981.

4

5

Q. And again, what is it that
assists you in saying you made them before the end of
March, 1981?

6

A. I had already - I remember that
I had already had these notes made before I sat down
to make the next set of notes, the next two pages,
after the meeting I had with the Hospital lawyer, I
just followed on my pad of paper along with it.

11

12

Q. Can we talk about that for a
moment. You are referring now to page --

13

14

15

MR. PERCIVAL: It would be helpful if
we could find out; I don't know if all ten pages were
made at the same time, or they were added to it, and
perhaps Miss Cronk --

16

17

18

MS. CRONK: Well, Mr. Percival, if you
just stay with me for five or ten minutes I may be
able to get there.

19

MR. PERCIVAL: All right.

20

21

22

MS. McINTYRE: Mr. Commissioner, while
we are interrupted I would just like to ask if the
purpose of these notes is going to be restricted to
any possible relevance they may have to Phase 1?

23

THE COMMISSIONER: Yes.

24

25



CC. 3

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MS. MCINTYRE: And then to cross-examination as to how they may bear on Phase 2 won't be allowed.

5

THE COMMISSIONER: No, it won't, no, no.

6

MS. MCINTYRE: Thank you, sir.

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THE COMMISSIONER: Well, at least, if I understand your question, I don't know what Miss Cronk is getting at, and like Mr. Percival I will bear with it for five or ten minutes until we know just what it is, but it is not to elicit any evidence relating to Phase 2, and I think she understands that.

MS. CRONK: Sir, let me be very clear, I am trying to establish now while Mrs. Radojewski is a witness before us those matters that are not controversial. It is not my intention to ask Mrs. Radojewski any questions that pertain to Phase 2 matters that reflect on these notes or any other material at the present time.

THE COMMISSIONER: I think Mr. Percival and Miss McIntyre, what they may be getting at is, why go into it at all, if we are going to have to go into it again?

MS. CRONK: Because part of the notes do bear upon the cause of death issue.

THE COMMISSIONER: Thank you.



CC. 4

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MS. McINTYRE: My concern was merely because they are being introduced during this phase.

4

5

THE COMMISSIONER: No, they have been introduced already, we have them already before us, they are part of an exhibit.

6

7

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MS. McINTYRE: But merely because they are being referred to by Miss Cronk that that doesn't open the matter up for cross-examination. Thank you, sir.

10

11

MS. CRONK: Q. Mrs. Radojewski, I would ask you how it was --

12

13

14

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17

THE COMMISSIONER: When I said her notes, certainly whatever questions she asks anybody can cross-examine on it, but it doesn't open what is in there, it doesn't allow people to go in and say on page 3 there is a reference to a meeting with the police at such and such a date, they are not allowed to do that if that is what you are worried about?

18

MS. McINTYRE: Yes, sir. Thank you.

19

THE COMMISSIONER: Yes. All right.

20

21

22

23

24

25

MS. CRONK: Q. Mrs. Radojewski, I had asked you how it was that you knew, as you have told us, that the first ten pages were prepared prior to the end of March, 1981. I thought you told me that was related in your mind to the fact that you prepared



CC.5

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2

3

the next two pages at a later date, did I hear you correctly?

4

A. Yes.

5

6

Q. And by the next two pages are you referring to page 11 and 12?

7

A. Yes.

8

Q. And was page 13 prepared at the same time as pages 11 and 12?

9

A. Yes.

10

11

Q. Well, when did you prepare then pages 11, 12 and 13?

12

A. After I had seen the Hospital lawyer.

13

Q. Do you recall now when that was?

14

15

A. From recollection it was the beginning of the next week in April. In April I had some days off and I remember seeing him on a day off.

16

17

Q. When you say the beginning of the next week in April, which week in April are we talking about?

18

19

A. The very first week in April.

20

21

Q. Are you suggesting then that you made the first ten pages of notes before the first week in April on that basis?

22

23

A. Yes.

24

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CC.6

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Q. And apropos of Mr. Percival's comments did you make the first ten pages all at the same time, or did you make them over a series of different days?

A. It is my recollection I made them at the same time.

Q. Did you simply sit down and start to make notes about what had happened on that weekend?

A. Yes.

Q. Did someone suggest to you that you should do that?

A. No.

Q. Why did you do it?

A. I had never in my life been involved in anything like this before, and I suppose I didn't trust my memory, as I don't today, but this just seems such an important matter that I should make some notes.

Q. Pages 11, 12 and 13, were they similarly made by you all at once on one occasion, or were they made over separate time intervals on separate days?

A. 11 and 12?

Q. 11, 12 and 13?



CC.7

1

2 A. They were made at one time.

3

Q. That was after you told us you
had seen the Hospital lawyer?

4

A. Yes.

5

Q. And the last three pages which
are unnumbered, Mrs. Radojewski, are the ones that I
am interested in for present purposes. They appear
to relate to Allana Miller and Justin Cook, is that
correct?

6

A. Yes.

7

Q. Do you recall when those three
pages of notes were made?

8

A. They were made, again before the
end of March, before I had done the ones starting
page 1, you were calling them page 1 to 10.

9

Q. And how is it that you remember
that you prepared these last three pages before you
prepared the ten pages of notes we referred to a
moment ago?

10

A. When I sat down to make some
notes I remember doing what I thought was chrono-
logically from the beginning of that weekend, all
along, at one time.

11

Q. Were they made then on the same
day as you made the other package of ten?

12

13

14



CC.8

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A. Yes. It is my understanding that I did them the same day.

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Q. I can tell you, Mrs. Radojewski, that I have compared this photocopy to the original of these notes that were introduced as an exhibit

at the preliminary hearing, and they appear in exactly the same order in the original. Can you tell me please if these notes were, as I have understood you to say, in effect made on three different occasions, why the very first two pages which appear to have been made at the latest point in time, are the first notes in the bundle?

13

14

A. That was how I had them folded up in my briefcase when I went to the preliminary hearing.

15

16

17

18

19

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Q. And similarly, can you help me why the last three pages which appear to be, from what you have said, the start of your chronology of events, appear in sequence after the 13 pages that deal with the events for Monday, March 23rd to Thursday, March 26th, why are they at the end of the package?

A. For that same reason, that is how they were folded.

Q. I note that they are not numbered as well.



CC. 9

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2 A. Yes.

3

4 Q. With respect to the last three
5 pages, Mrs. Radojewski, again, did you have available
6 to you when you made those three pages of notes the
7 medical chart of either Allana Miller or Justin Cook?

8

A. No.

9

Q. Do you recall whether you made
10 those three pages of notes before Susan Nelles had
11 been charged with the murder of Allana Miller?

12

13

14

15

16

17

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A. No. It is my understanding that
I made them after.

Q. And by that time obviously she
had been charged obviously with the murder of Justin
Cook, by the time you made these notes?

A. Yes.

Q. In the case of Allana Miller I
refer you to the first page of your notes. Can you
help me please as to the basis of the information
which you have set out concerning her diagnosis, if
you did not have available to you her medical record
at the time you prepared the notes?

A. Would you repeat that for me,
please?

Q. You told me, I thought, and
correct me if I am wrong, that you did not have her



CC.10

1

2 chart available when you made these notes?

3 A. That's right.

4 Q. Can you help me please where
5 the information came from with respect to her diagnosis,
6 and with respect to the medications that are set out
7 on the right-hand side of that page?

8 THE COMMISSIONER: I am sorry, what page
9 is it we are now looking at?

10 MS. CRONK: They are not numbered, it
11 is the last three pages, and it is the first of the
12 last three dealing with Allana Miller.

13 Q. Do you see the word "diagnosis"?

14 A. Yes.

15 Q. And beside that on the right-
16 hand side of the page the word "meds" with "digoxin,
17 Lasix", and I take that to be "gentamicin" listed?

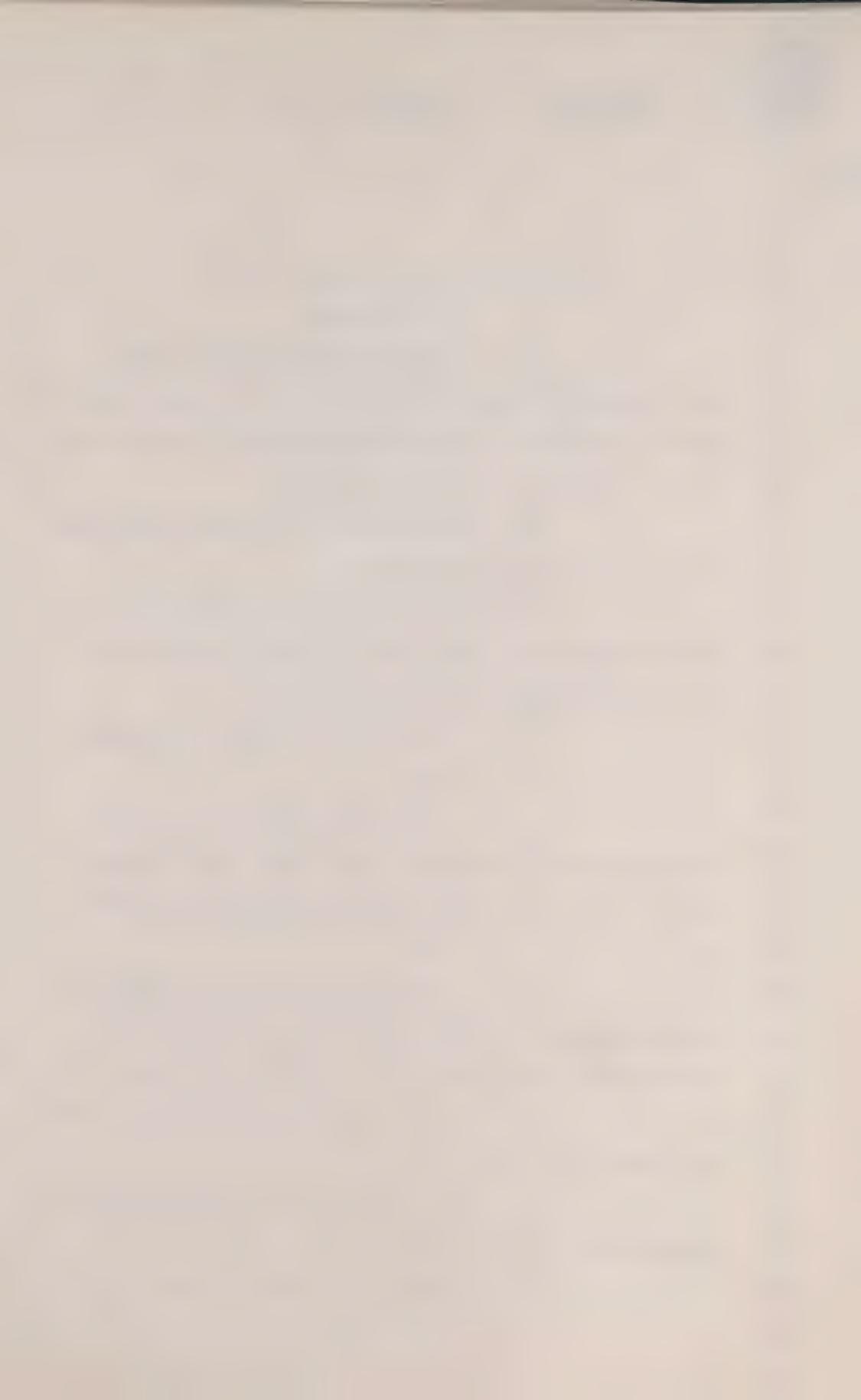
18 A. Yes.

19 Q. Can you tell me please what the
20 source of that information was if you did not have
21 available to you Allana Miller's medical record?

22 A. This was made by memory of what
23 had been told to me.

24 Q. How did you know what medications
25 Allana Miller had been receiving?

A. They must have been told to me





CC.11

1

2 to write them down, or my memory from Friday, I don't
3 recall the specific moment now.

4

5 Q Did you at any time yourself -
6 I thought you told me that you had not, but did you
7 at any time yourself review the medications that that
child was supposed to have received before her death?

8

9 A By virtue of making these notes
I must have, I just don't have any recall of that.

10

Q You don't recall I take it anyone
discussing the matter with you?

11

A. No.

12

Q Similarly you will see in the
13 middle of the page in your notes for Allana Miller a
14 question mark, and then the words: "dig. level taken
15 at time of death or before death". Do you recall
16 who provided you with the information that a digoxin
level had been taken on that child?

17

A. No, I don't.

18

Q When did you learn that a
19 digoxin level had been taken after the death of Allana
Miller?

20

A. After Sergeant Warr came on the
Monday.

22

Q That is Monday, March the 23rd?

23

A. March the 23rd.

24

25



CC.12

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Q. Was that the first time you

learned that a digoxin level had been taken on Allana
Miller after her death?

5

6

7

8

9

10

A. Yes. There was some confusion
in my mind, but I remember definitely that there was
one taken - that there was blood taken from Justin
Cook. I remember being unsure about Allana Miller.
I knew that one of the two and I couldn't remember
that it was Justin Cook, Mrs. Trayner had told me
that.

11

12

13

14

Q. We will come to the blood sample
on Justin Cook in a moment. Could you look at the
notes that you have made concerning Justin Cook, you
have entitled them Sunday, March 22nd, 1981, do you
see that?

15

A. Yes.

16

17

Q. The last note on that page
reads:

"Possible cardiac cath for Friday
night but delayed due to the baby's
improvement ... ",

20

do you see that?

21

A. Yes.

22

23

24

Q. Did you have this child's
medical record available to you when you made these
notes?

25



CC.13

1

A. No.

Q. How did you know that the child's condition had improved on the Friday evening inasmuch as you were not in the Hospital when he was admitted on Friday, March 20th?

A. I would have been told that, it is my assumption that I would have been told that or I would not have put it down.

Q. Do you have any recollection of anyone discussing with you what his condition was Friday night, on admission?

A. I know I would have gotten the tour end report from the night supervisor that I was taking the wards over from on Sunday morning.

Q. Do you have a recollection that that is when you were told about Justin Cook's condition, on the Friday evening?

A. I find it difficult to answer that, because that would have been part of the report that the night nursing supervisor would have given me in the morning.

Q. Could I ask you to turn please to page 1 of the 10 pages of notes that I referred you to a few moments ago, that is the third page in; that is the page beginning Monday, 2 p.m., March 23rd.

24

25



CC.14

1

2 I refer you to the entries that you made concerning
3 Kevin Pacsai at the bottom of the page, do you see
4 that?

5

A. Yes.

6

Q. Do you see as well the language
that you wrote saying:

7

"Phyllis Trayner helped with baby's
care and possible arrest, due to another
death on 4B, Manojlovich - mum question
suicidal and 4B nurses busy"?

10

11

A. Yes.

12

13

14

15

16

17

18

19

20

21

22

23

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25



1

DD/BB/ko

2

Q. Does that suggest to you, Mrs. Radojewski, in looking at the notes now that you had been informed that Mrs. Trayner had assisted in the care of Kevin Pacsai in addition to being present for his arrest?

6

A. Yes.

7

Q. Do you recall now, and you will remember that I asked you this this morning, do you recall now being told by anyone, whether it was Phyllis Trayner herself or any other individual, what her role was in the care of that child the night of his death?

12

13

A. Would you repeat that for me, please?

14

15

16

17

Q. Yes. Do you recall now being told by anyone, including perhaps by Mrs. Trayner herself, what her role was in the care of Kevin Pacsai the night of his death?

18

19

THE COMMISSIONER: Was Kevin Pacsai on 4B?
MS. CRONK: In the Intensive Care Unit, sir.

21

22

THE COMMISSIONER: Oh, yes, of course, but where was he before that?

23

24

25

MS. CRONK: 4B.



1

2

THE COMMISSIONER: 4B?

3

MS. CRONK: Yes.

4

THE WITNESS: I cannot recall.

5

MS. CRONK: Q. All right. Do you
remember having any discussions at all with any of
the nurses as to any of the activities that had been
undertaken by any of the 4A nurses with respect to
that child before his death, with the exception of
Susan Nelles?

10

A. Could you repeat that, please?

11

Q. Do you remember having any
discussion with any members of the nursing staff
regarding the activities of the Ward 4A nurses for
that child the night that he died? Do you know what
your ward nurses were doing, if anything, with respect
to that child, leaving aside Susan Nelles, the night
that he died?

17

A. No, I don't recall being informed.

18

Q. Do you remember asking?

19

A. I would hope that I assumed that
they were helping because 4A did help 4B when there
was an arrest and the same would happen on 4A when
they had an arrest, the 4B nurses would assist.

22

Q. . And by that you are referring to
the arrest of Michelle Manojlovich which occurred

24

25



1

DD 3 2 earlier in the morning?

3 A. Yes.

4 Q. Can I bring you back now then
5 please to Sunday, March 22nd. You have told us that
6 you came into work that day as well as the nursing
7 supervisor. Did you pass through at approximately
8 7 o'clock or 7:15 in the morning on Wards 4A and 4B
on your way to the nursing station?

9 A. Yes.

10 Q. All right. Did you learn then
11 that Justin Cook had died during the course of the
12 long night shift?

13 A. Yes.

14 Q. Who told you that?

15 A. Mrs. Trayner did.

16 Q. Where were you during this
17 discussion?

18 A. I'm unsure if we were discussing
19 that in the dirty utility room at that time or at the
nursing station.

20 Q. All right. Did you have a
21 discussion some time that morning early on when you
22 had come into work in the dirty utility room on Ward
23 4A?

24 A. Yes.

25



1

2

Q. Was Phyllis Trayner there during
that discussion?

3

A. Yes.

4

Q. Who else was there, as best as
you can now recall it?

5

A. I remember Janet Brownless being
there and I remember Marie Mandal and I know there
were other people, I just don't remember exactly who.

6

Q. Do you recall whether or not
Susan Nelles was present?

7

A. She may have been. I remember
someone coming in and out of that room.

8

Q. Do you recall whether or not
Bertha Bell was present?

9

A. I don't recall.

10

Q. Is there a distinction in your
own mind between a discussion that you had with
Mrs. Trayner when you learned of Justin Cook's death
and the discussion that took place in the dirty
utility room on Ward 4A?

11

A. I find it difficult to
differentiate between the two.

12

Q. Well, do you remember that there
were two separate discussions or was it only one?

13

A. I remember that there were two

14

15



1
DD 5

2 very shortly as I was passing through and I remember
3 a much longer one in the dirty utility room.

4 Q. All right. Well, may I deal
5 first then with the discussion with Mrs. Trayner. As
6 best as you can recall it, had you taken report at
7 the nursing office before that discussion?

8 A. No.

9 Q. All right. Did that discussion
10 then take place as you were on your way to take
report in the nursing office?

11 A. Yes.

12 Q. And other than being told that
13 Justin Cook had died in the course of the long night
shift, what else were you told by Mrs. Trayner?

14 A. I have a recollection of some-
15 thing being said about the digoxin, that it was being
16 locked up and that the residents had come later, I
17 guess it would be late in the evening, it would be
18 early on in their shift and removed it, but then it
19 was brought back later.

20 Q. Did Mrs. Trayner tell you when
the digoxin had been locked up?

21 A. I don't recall for sure.

22 Q. Did she tell you what forms of
23 digoxin she was referring to?

24

25



DD 6

1

A. I don't recall.

2

3 Q. Did she tell you which form of
4 digoxin had been removed from the ward by the
5 residents and then brought back?

6

A. I can remember something about
the bottles.

7

8 Q. Well, was it your impression,
9 Mrs. Radojewski, that all of the digoxin on the wards
had been locked up, or did you know at that time?

10

11 A. I didn't know at that time other
than what Mrs. Trayner was telling me.

12

13 Q. Well, did Mrs. Trayner tell you
anything else at that point?

14

15 A. I don't recall if it was at that
point or if it was at a later time in the utility
room.

16

17 Q. You have told us that there was
18 a discussion at the dirty utility room. Was that
immediately following your discussion with Mrs. Trayner
19 or had you taken report at the nursing station first
and what sequence did it happen?

20

21 A. I was under the impression I had
taken report in the nursing office and had come back.

22

23 Q. What was your own reaction to the
news that Justin Cook had died?

24

25



1
DD 7

2 A. I was very upset.

3 Q. Were you shocked by his death?

4 A. In the sense that they had had
5 an arrest the previous night and they had had another
6 arrest the next night.

7 Q. You had seen Justin Cook on two
8 occasions on the Saturday before you left work, you
9 had assessed his condition as you left the ward and
10 you knew he had had a cardiac catheter procedure done
11 that day?

12 A. Yes.

13 Q. You have told us that when you
14 left he was not in the process of dying, you did not
15 consider him to be in critical condition. With those
16 facts in hand, were you not shocked to learn that he
17 had died when you came in for work?

18 A. I was surprised, I don't know
19 that I recall being shocked.

20 Q. Do you recall what was discussed
21 during the discussion at the dirty utility room?

22 A. I had asked what had happened
23 since I had left on Saturday and Marie had filled me
24 in about Justin having a loose valve about 6 o'clock
25 and he was ordered, they called the doctor and he was
given some Inderal by IV. Miss Mandal was also a



DD 8

1

2 nurse who likes to be well prepared and she had brought
3 in the emergency cart when the child was having this
4 blue spell and at the time the cardiology fellow was
5 also there and he had said to them that they were
6 being too paranoid, to settle down, and I attributed
7 that comment to the fact that she had brought in the
emergency cart.

8 Q. And that was you have told us
9 during the tet. spell or the blue spell episode at
10 approximately 6 o'clock?

11 A. Yes, 6:00 or 6:30.

12 Q. Did Miss Mandal tell you anything
13 else during this discussion at the utility room?

14 A. I don't recall at this moment
15 that there was anything else.

16 Q. Do you recall any comment by
17 Susan Nelles in the utility room during that
18 discussion?

19 THE COMMISSIONER: I am sorry, we
20 haven't got Susan Nelles there yet.

21 MS. CRONK: I am sorry, I thought she
22 said that she didn't recall but she could have been
23 there.

24 THE COMMISSIONER: Well, we can ask
25 the question but I would be surprised to no end by



1

DD 9

2 the answer if you do recall that, if you don't recall
3 her being there, but don't let me force you into that
4 answer.

5 MS. CRONK: Q. Do you recall - well,
6 all right, let's put it the other way. With the
7 assistance of recalling what Marie Mandal said to you
8 during the course of that discussion, do you now
9 recall whether or not Susan Nelles was present?

10 A. I don't recall.

11 Q. Do you have any recollection of
12 any other comment being made by anyone else during
13 that discussion?

14 THE COMMISSIONER: Leading up to the
15 six out of seven. Could you not put that directly to
16 her and ask her if she remembers anyone saying that?

17 MS. CRONK: Well, I'll be even more
18 astounded than you, sir, if the answer is not what I
19 expect it to be.

20 THE COMMISSIONER: All right.

21 THE WITNESS: I don't recall her saying
22 that, no.

23 THE COMMISSIONER: You don't recall
24 saying what?

25 MS. CRONK: Q. You don't recall her
26 being there, as I understand it?



DD 10

1

A. Right.

3

Q. And when you say you don't recall
4 her saying that, you are referring to the comment the
5 Commissioner just made, six out of seven?

6

A. Yes.

7

Q. All right. Miss Mandal, as you
8 are probably aware, gave evidence at the Preliminary
9 Hearing. At Volume 14, sir, at page 37 she was asked
10 to describe and did describe what she understood your
11 reaction to be to the death of Justin Cook and your
12 reaction at the time this conversation took place in
the utility room.

13

The discussion at page 37 was as follows:

14

Q. All right. And who was with them
15 or was there anyone with them?

16

A. Yes, Mrs. Radojewski, Sue, Phyllis
17 and Janet Brownless.

18

Q. Janet Brownless, Sue Nelles, Liz
19 Radojewski and Phyllis Trayner, all
right, they were in the dirty utility
20 room?

21

A. Yes.

22

Q. That would be the soiled utility
23 room 419?

24

A. Right.

25



1
DD 11

2
"Q. What were they doing, did you
3 observe that?

4 A. Well, Liz was shocked that Justin
5 Cook had died in the night and she said
6 what happened.

7 Q. Yes?

8 A. So, Phyllis was telling her what
9 happened.

10 Q. Yes?

11 A. And I was there because I wanted
12 to know what happened too.

13 Q. What did Phyllis say?

14 A. Phyllis just told her that what
15 happened around 4 o'clock, I don't
16 remember the details."

17 And then further down the page:

18 "Q. Did you notice whether any of them
19 were upset?

20 A. Mrs. Radojewski was crying.

21 Q. Mrs. Radojewski was crying?

22 A. Yes.

23 Q. What about Phyllis or Janet or
24 Susan?

25 A. They seemed to be in shock.

Q. They seemed to be in what?

A. In shock."



DD 12

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Does it surprise you that the reaction of one of the nurses that you were speaking to and that you remember speaking to during that discussion at the utility room had the impression that you were shocked at Justin Cook's death and recalled the fact that you were crying over his death? Does that surprise you?

A. No.

Q. Does that accord now with your recollection of what your reaction was to his death?

A. I don't recall being in that state but if that was how it was perceived by Miss Mandal, I don't dispute it.

Q. Do you recall now what the reaction of Phyllis Trayner was to the death of Justin Cook during that discussion?

A. She was quite agitated.

Q. What was Miss Mandal's reaction?

A. She was very surprised.

Q. Did she appear to be upset as well?

A. Yes, and very upset.

Q. During that discussion, Mrs. Radojewski, was there any mention made at that time of the taking of a sample from Justin Cook, a blood



1
DD 13

2 sample?

3 A. Yes, there was.

4 Q. And you have told us that you
5 think you learned of that earlier in your discussion
6 perhaps with Mrs. Trayner?

7 A. It was either the discussion in
8 the utility room or just earlier.

9 Q. Well, on whatever occasion it
10 occurred, what were you told about the taking of
11 blood samples from Justin Cook?

12 A. I was told that after the baby
13 had been pronounced dead that Dr. Jedeikin had come
back into the room, taken some blood and taken a
sample of IV fluid.

14 Q. Were you told why he had done so?

15 A. No.

16 Q. Who told you that he had done so?

17 A. Mrs. Trayner.

18 Q. Did she tell you at the same time
19 how much blood he had taken?

20 A. I don't recall that I knew how
21 much.

22 Q. What was her reaction to the fact
23 that Dr. Jedeikin, so far as you were aware, to the
24 fact that Dr. Jedeikin had taken this blood sample or

25



1

DD 14

2

samples?

3

A. Her reaction, she was very upset and extremely agitated, nervous.

4

Q. Did that seem to be connected to the fact that Dr. Jedeikin had taken these blood samples so far as you could tell?

5

A. I don't know that I put it down to that solely.

6

Q. Was she questioning in your presence why the samples were taken?

7

A. Yes.

8

Q. And you have no recollection of any discussion with respect to the amount of blood that had been taken?

9

A. I don't recall that I was told the amount of blood.

10

Q. All right. Do you recall during this discussion in the dirty utility room any mention being made of Dr. Fowler's presence on the ward after the death of Justin Cook?

11

A. No, I don't recall that.

12

Q. Was there any discussion concerning digoxin levels in connection with Justin Cook while this discussion was going on?

13

A. Not that I recall, no.

14

15



DD 15

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2

3

4

5

Q. Was there any further discussion other than what you have already described took place with Mrs. Trayner regarding the lock up of digoxin that had apparently occurred the night before?

6

A. Not that I recall.

7

8

9

Q. Was the climate of that discussion, Mrs. Radojewski, were the nurses upset not only by Justin Cook's death but by certain of the events that had taken place on the ward?

10

11

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3 Q. Well, did they appear to you to
4 be concerned about any of the events that had taken
5 place on the ward that Saturday night separate and
6 apart from the fact that Justin Cook had died?
7

8 A. My best recollection is the
9 overall impression that they were extremely upset.
10 I can't differentiate.

11 Q. All right. Do you recall
12 later that morning the subject of the lock-up of
13 digoxin being raised with you again?
14

15 A. Yes.

16 Q. And when was that?

17 A. I had a discussion about the
18 digoxin being locked up with the nursing supervisor
19 that was in charge of the Hospital for the weekend.
20

21 Q. Who was that?

22 A. That was Muriel Richardson.
23

24 Q. Where did the discussion take
25 place?

26 A. In the cafeteria.

27 Q. What were you doing in the
28 cafeteria?
29

30 A. We were having --

31 Q. I assume you were eating, but
32 what were you doing there?
33

34 A. Morning coffee break. We had
35



1

EE2 2 that before we started our rounds on the wards.

3

4 matter of the digoxin lock-up arise in conversation?
5 Did you bring it up or did she?

6

A. I remember asking her what
should we do about it.

7

8 Q. Did you ask her why it had
been locked up?

9

10 A. My recollection is, "What do
we do about it?" I don't recall if I asked her why.

11

12 Q. At that point what did you
think had been locked up on that ward?

13

A. The bottle of digoxin elixir.

14

Q. To the best of your knowledge
had the intravenous digoxin been locked up?

15

A. I don't recall.

16

Q. Do you recall looking on the
wards yourself before you went to breakfast with
Mrs. Richardson to find out what had been locked up?

17

A. No, I don't recall.

18

Q. What were you told by Mrs.
Richardson when you asked her what should be done
about it?

19

A. Not to worry about it, that
it would be straightened out on Monday. There was no

20

21

22



EE3 2 official memo about locking up digoxin.

3 Q. Did she appear to have any
4 further information about the matter than did you
5 in that discussion?

6 A. It was my impression then
7 that she didn't.

8 Q. Did she offer an explanation
9 as to why it had been locked up?

10 A. No.

11 Q. Why did you think it had been
12 done, Mrs. Radojewski?

13 A. I was unsure, but the
14 Hospital had locked up some drugs in the length of
15 time that I had been there that I felt didn't need
16 to be locked up: such things as 222s which were
17 readily available at drugstores. They weren't
controlled drugs, and I just thought it was one of
those instances.

18 Q. Are you suggesting, Mrs.
19 Radojewski, you did not regard it as unusual?

20 A. It was unusual, yes.

21 Q. Had it ever before happened
22 in your experience in the cardiology unit?

23 A. That digoxin had been locked
24 up?

25



1 Q. Yes.
EE4 2 A. No.
3 Q. That was totally unprecedented
4 in your experience, was it?
5 A. Yes.
6 Q. When you returned to the
7 ward having had breakfast with Mrs. Richardson, did
8 you discuss with any of the 4A or 4B nurses the
lock-up of digoxin at that point?
9 A. I may have. I don't recall.
10 Q. Were you not concerned at
11 that point to find out why it was that it had been
12 ordered locked up?
13 A. I don't recall.
14 Q. Did it occur to you when you
15 learned that it had been locked up, bearing in mind
16 that you then knew that Justin Cook had died, did it
17 occur to you that his death might somehow be connected
with digoxin?
18 A. No.
19 Q. You told us that you did make
20 that connection with Kevin Pacsai. Did it occur to
21 you after Cook's death, knowing what you did about
22 Pacsai and now knowing that digoxin had been locked
23 up, that the deaths of either Miller or Cook in any
way might be connected with the death of Kevin Pacsai?
24
25



1

EE5

2 A. No.

3

4

Q. When did you first learn about
Justin Cook's actual digoxin levels?

5

6

THE COMMISSIONER: I wonder at what
point should we rise?

7

8

MS. CRONK: I'm sorry, sir. Perhaps
just after the answer to the question?

9

10

THE COMMISSIONER: How much longer
do you expect to be?

11

12

MS. CRONK: About fifteen minutes,
sir.

13

14

THE COMMISSIONER: Yes. All right.

Thank you.

15

16

17

I don't know if it is really going to
concern us. It may concern Miss Cronk. It is a
date that doesn't occur to me. I take it/is some time
later that you heard about the level, was it? Was
it that day?

18

19

20

THE WITNESS: No, it wasn't that day.

21

THE COMMISSIONER: Does it matter to
know precisely when?

22

23

24

25

MS. CRONK: I'm sorry, sir, I would
like to know.

THE COMMISSIONER: Yes. All right.

MS. CRONK: Q. Were you aware of the



EE6

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2

3

4

actual levels of digoxin that had been recorded on Justin Cook prior to the arrest of Susan Nelles on Wednesday?

5

A. No, I was not aware of the actual number.

6

MS. CRONK: Could we break now, sir?

7

THE COMMISSIONER: Yes. All right.

8

We will take 20 minutes.

9

--- recess.

10

--- on resuming.

11

THE COMMISSIONER: Yes, Miss Cronk.

12

MS. CRONK: Thank you, sir.

13

Q. Mrs. Radojewski, later in the day on Sunday, March 22nd, did you have occasion to have a discussion with Mrs. Geiger, the Director of Nursing?

16

A. Yes.

17

Q. Was that mid-afternoon on Sunday, March 22nd?

19

A. It was on Sunday, March 22nd.

20

It was either late morning or very early afternoon.

21

Q. It is my understanding, Mrs.

22

Radojewski, that Phyllis Trayner and the members of her nursing team were requested not to come in to work for the long night shift on Sunday, March 22nd,

24

25



1

EE7 2 although they had previously been scheduled to work
3 that shift. Does that accord with your understanding
4 of the facts?

5 A. Yes.

6 Q. Was that connected with your
7 discussion with Mrs. Geiger?

8 A. Yes.

9 Q. All right. In what way?

10 A. She had asked me to come to
11 her office and I --

12 Q. I'm sorry, Mrs. Radojewski,
13 let me put another question to you first.

14 A. Yes.

15 Q. As I understand it you had
16 a meeting with Mrs. Geiger in the afternoon on
17 Sunday, March 22nd, when there was an officer from
18 the Metropolitan Toronto Police in attendance. I
19 don't propose to ask you any questions about that
20 meeting.

21 A. Thank you.

22 Q. As I understand it, however,
23 you did have discussions during the afternoon of
24 Sunday, March 22nd, with Mrs. Geiger concerning
25 whether or not Phyllis Trayner and the members of her
team should report for duty that night?



EE9

1

2 Q. All right. Did you at that
3 point, having contacted the members of the team --
4 I'm sorry, I assume you did that while you were still
5 at the Hospital?

6

A. Yes.

7

Q. Did you, having contacted
8 the members of the team, then leave the Hospital for
9 the day?

10

A. No.

11

Q. Did you attend a further
12 meeting that evening?

13

A. At some point - I am unsure
14 of the details. I remember giving report to the
15 evening supervisor that would be taking over the
16 wards I had covered and at some point supervisory
coverage was introduced onto the wards for the
evening shift.

17

Q. On which wards?

18

A. 4A/4B.

19

Q. And apart from that occurring
20 did you attend a meeting that evening at the Hospital?

21

A. No.

22

Q. Was there a meeting on Ward
23 4A in the Parents' Conference Room which you attended
24 to discuss the involvement of supervisors on both
25



1

EE10 2 wards that evening?

3 A. Yes.

4 Q. When did that meeting occur?

5 A. That occurred very shortly
6 or at the same time as the supervisory coverage
7 appeared on the ward.

8 Q. All right. Why did you
9 understand supervisors were going to be in attendance
on the wards that night?

10 A. I don't know that I was -- I
11 can't recall being given a definite reason for them
12 to be on the wards, and it was my understanding from
13 them that they were also unsure as to why they were
14 on the wards.

15 Q. Were they in attendance at
16 this meeting in the Parents' Conference Room?

17 A. Yes, they were.

18 Q. Were the nursing staff from
19 both Wards 4A and 4B there?

20 A. Yes, they were.

21 Q. What was the purpose of the
22 meeting?

23 A. It was to discuss the
24 supervisory coverage and why supervisors were coming
25 to stay with the nursing staff on the ward. That is,



1
EELL 2

to watch what they were doing. That was our
assumption what they were doing, and that is what
they assumed they were doing, watching everything that
went on.

3
4
5

Q. Was there any discussion
concerning the carriage of the keys to the narcotics
cupboards on the two wards during the course of that
meeting?

6
7
8

A. It is possible there was. I
don't have a specific recall of that.

9
10

THE COMMISSIONER: I'm sorry, I
possibly missed it. Who was at that meeting?

11
12

THE WITNESS: The nurses that were
on duty on Sunday, March 22nd, on long days.

13

THE COMMISSIONER: Yes.

14
15

THE WITNESS: And the two supervisors
that had come to cover the Wards 4A and 4B.

16
17

MS. CRONK: Q. Were there two on
each ward?

18
19

THE COMMISSIONER: And yourself I take
it?

20

THE WITNESS: Yes.

21

MS. CRONK: Sorry, sir.

22

Q. Were there two supervisors
for each ward or two for both wards?

23
24

25



1
EE12 2 A. Two for both wards. One for
3 4A and one for 4B.

4 Q. And were those two women
5 normally supervisors in the Hospital?

6 A. No, they were not.

7 Q. What was their position
8 normally?

9 A. The supervisor that had come
10 for 4A - at least in my recollection I thought she
11 was for 4A - was a former head nurse at The Hospital
12 for Sick Children. She had since left and become
13 an instructor in nursing at the University of
14 Toronto and she had on occasion worked a relief
15 shift for us.

16 Q. She was not then permanently
17 attached to the Hospital?

18 A. That's right.

19 Q. Was the supervisor who came
20 to supervise Ward 4B as you understood it also a
21 relief nurse?

22 A. Yes. She had just recently
23 done some relief work on Ward 4A and B. I recognized
24 her. By "recently", I can't remember exactly when,
25 but she was a familiar face to me.

Q. And if I have understood what



Radojewski
dr.ex. (Cronk)

1

EE13

2

you have said, you have no recollection of there
being a discussion with respect to the keys to the
narcotics cupboards at that meeting, but there may
well have been?

5

A. Yes.

6

7

Q. Was there a discussion at
that meeting about a further get-together amongst the
nurses from 4A and 4B?

9

A. Yes, there was.

10

11

Q. Can you tell me, please,

what was said in that regard?

12

13

14

15

16

17

18

A. Since most or all of the
nurses were there, and they were extremely upset at
having supervisors on the ward - we didn't have a
lot of time to talk about it then because there was
no one watching the patients, and we decided that
we would have a further meeting on Monday evening.

Q. Where was that meeting to take

place?

19

20

A. That meeting was taking place
at my home.

21

Q. Whose idea was that?

22

A. It may have been mine.

23

Q. Do you recall why it was pro-
posed that there be a meeting away from the Hospital?

24

25



EE14

1
2 A. Earlier on -- the staff of
3 4A and 4B had concerns about having ward meetings on
4 the ward concerning any issues that they would need
5 to talk about for a long time. They felt that they
6 didn't want to be away from their nursing care for
7 any length of time. And we decided that an evening
8 meeting would be more appropriate for the length of
9 time we might need to talk about the stress that
they were under with supervisory coverage.

10 Q. While you were in the Parents'
11 Conference Room at that meeting was there any dis-
12 cussion at all that you can recall concerning the
13 deaths of Justin Cook or Allana Miller?

14 A. Not that I recall.

15 Q. Was there a discussion with
16 respect to any of the children who had died on either
17 of those wards over the preceding months?

18 A. I don't recall that there was
a discussion about the patients.

19 Q. Was there any discussion about
20 digoxin, diogxin levels or the possible involvement
21 of digoxin in any of the deaths that had occurred?

22 A. Not that I recall.

23 Q. Before you left the ward
24 that evening did you become aware that patients were
25



EE15

1

2 being transferred off the wards?

3

A. Yes, I did.

4

5

Q. How did you become aware

of that?

6

A. As we came out of the
Parents' Conference Room, which is at the far end
of the hall, I could see Dr. Fowler at the counter
at the nursing station, and I don't remember the
specifics, but all of a sudden our patients were
being transferred off the ward.

11

12

Q. Had you ever known that to
happen before in your experience on the cardiology
unit?

13

14

A. Never.

15

Q. That was most unusual?

16

A. Extremely.

17

18

Q. And were you made aware at
the same time that there would be no new admissions
to either of those wards on a temporary basis?

19

20

A. It's possible. I just don't
recall that specifically, but yes.

21

22

23

Q. Was there any discussion
between Dr. Fowler and yourself at that time con-
cerning Justin Cook, Allana Miller or any of the
other children who had died?

24

25



1

EE16

A. No.

3

4

5

Q. Was there any discussion
between you with respect to the lock-up of digoxin
that had occurred on the wards?

6

A. No.

7

8

9

Q. Did you have any further
discussions that day, Sunday, March 22nd, with any
members of Phyllis Trayner's nursing team, including
Phyllis Trayner herself?

10

A. No.

11

12

Q. Did you have any further
discussions that day with Janet Brownless?

13

A. Not that I recall.

14

Q. Did you have any discussion
that day with Mary Costello?

15

16

A. I didn't recall it at the
time, but Mary has told me that I did.

17

18

Q. I'm sorry, what do you mean
you didn't recall it at the time?

19

20

A. I had completely forgotten
that I had called her that Sunday evening, and in
talking with Miss Costello she refreshed my memory
that, yes, I had given her a call.

22

23

Q. Do you now recall having
done so?

24

25



EE17

1 A. Yes.

2 Q. And what time did you call?

3 A. That was a very long day.

4 I remember getting home after six. It was probably
5 mid-evening.

6 Q. What was the purpose of your
7 telephoning Miss Costello?

8 A. It was to let her know what
9 was happening on the ward. I thought if I were in
10 her shoes I would like to know what I was walking into
11 on Monday morning.

12 Q. Was that because she had
13 been away for some time?

14 A. She had been on vacation.

15 Q. All right. And what did you
16 tell her during the course of the telephone discussion?

17 A. Again she had reminded me
18 of the phone call and I had told her that patients
19 were being transferred off the ward and I didn't know
20 what was going on. I had no idea what was going on.
21 I was extremely upset.

22

23

24

25



1

FF/DM/ko 2

Q. Did you tell her about the death
of Kevin Pacsai?

4

A. It is very possible I did.

5

Q. Do you recall telling her about
Kevin Pacsai's post mortem digoxin level?

6

A. It is possible.

7

Q. I can tell you, Mrs. Radojewski,
that in handwritten notes prepared by Miss Costello
that have been filed, sir, as Exhibit 309, she has
recorded that you did tell her of Pacsai's level of
25 nanograms; do you recall doing so?

12

A. It is very possible that I did,
I have no distinct recollection of that.

13

Q. And you have no reason to dis-
agree with Miss Costello's recollection that you did?

14

A. No, I have no reason to disagree.

16

Q. Do you have any recollection as
to when you actually found out what Pacsai's post
mortem level was?

19

A. No.

20

Q. Did you also tell Miss Costello
during the discussion about the possibility of the
inquest into the death of Kevin Pacsai?

22

A. I may have.

23

Q. Did you tell her, as best as you

24

25



1
FF 2 2 can recall it, about the death of Allana Miller and
3 Justin Cook?

4 A. I don't recall for sure.

5 Q. Do you recall specifically any
6 of the matters that you discussed with Miss Costello?

7 A. Just the transfers off the ward,
8 and I had asked Dr. Fowler what was going on and he
wouldn't tell me.

9 Q. Is it possible that you told her
10 as well that evening of the thought that had crossed
11 your mind that digoxin may have caused the death of
12 Kevin Pacsai?

13 A. It's possible.

14 Q. Do you recall doing so?

15 A. No, I don't for sure.

16 Q. Did you also tell her that the
17 Phyllis Trayner nursing team had been relieved because
18 there were supervisors on the ward?

19 A. I am quite sure I did, I was
20 trying to fill her in on what had happened on the ward.

21 Q. During the subsequent week,
22 Mrs. Radojewski, you of course became aware of the
23 fact that Susan Nelles had been arrested for the
24 murder of four children on those wards, Miller, Cook,
25 Pacsai and Estrella. I take it that you knew



1

FF 3 2 following her arrest that the Metropolitan Toronto
3 Police thought at that time that someone, namely
4 Susan Nelles, had deliberately intervened and caused
5 certain children on those wards to die, you knew that?

6 A. Would you just repeat the first
part of that please?

7 Q. You knew that she was arrested
8 and charged with the murder of four children?

9 A. Yes.

10 Q. I take it that you knew from that
11 that the Metropolitan Toronto Police thought at the
12 time of charging her that someone, namely Susan Nelles,
13 had deliberately intervened and caused certain
14 children to die?

15 A. Yes.

16 Q. I ask you to assume for the
17 purpose of my next questions, Mrs. Radojewski, that
18 someone, and I am not suggesting Susan Nelles, that
19 someone did deliberately intervene with some of those
20 children so as to cause their deaths. Can you make
21 that assumption for me for the moment?

22 A. Yes.

23 Q. You have had a considerable
24 amount of firsthand experience working on Ward 4A,
25 is that correct?



FF 4

1

A. Yes.

2

Q. You have also worked during your career at the Hospital for Sick Children both during the day shift and on the long night shift on the cardiology unit at one point or another?

3

A. Yes.

4

5

6

7

8

9

10

Q. You have also told us when in your view the peak periods of activity occur during the course of a 12 hour long night shift on Wards 4A and 4B?

11

A. Yes.

12

Q. You have told us about that?

13

A. Yes.

14

Q. You are familiar you have told us with the routine on those wards both during the day shift and during the long night shift; do I have that correctly?

15

A. Yes.

16

Q. You have also had experience I assume in administering medications from time to time to patients on the cardiology unit?

17

A. Yes.

18

Q. And including on Ward 4A?

19

A. Yes.

20

Q. Making the assumption that I have

21

22

23

24

25



FF 5

1
2 asked you to make, that is that someone did deliberately
3 intervene with these children to cause them to die,
4 making that assumption, and based on your knowledge of
5 those wards and the routine on those wards, if someone
6 were to set about to administer an unauthorized
7 medication to a child on Ward 4A or 4B, is there in
8 your judgment a particular method of administration
9 for that drug by which a speedy administration of the
10 drug could be accomplished with a minimum risk of
11 detection? I am sorry, a particular method of
12 administration, in your view, that could be used for
that purpose?

13 A. Assuming there was murder, as
14 you have asked me to, and someone was deliberately
15 setting out to do that, I suppose that I would
16 speculate that an intravenous dose would be the route
chosen.

17 Q. Would that be, in your judgment,
18 based on your knowledge of those wards and your
19 experience as a nurse on those wards, the way one
20 could accomplish a speedy administration of a drug
for that purpose?

21 A. I don't know how much more speedy
22 you could be than to inject something intravenously.

23 Q. If someone had experience in

24

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FF 6

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administering medications by using a syringe, Mrs. Radojewski, how long would it take, in your experience, to administer one or two ampules for example of digoxin into the intravenous tubing of a patient, how long would that take, to draw it up and to physically administer it?

A. I would just be guessing.

Q. More than 30 seconds, more than a minute, more than two minutes?

A. I would think it would be more than a minute.

Q. Can you tell me how much more, I am talking about drawing the drug up from the ampule into the syringe and injecting it into the IV tubing of a patient?

A. Into the IV tubing?

Q. Yes.

A. If you were injecting into the IV tubing it would just take one push of the syringe.

Q. It could be accomplished very quickly indeed?

A. A very short time.

Q. A minute or less?

A. Yes.

Q. And if one were to inject the



FF 7

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drug by drawing it up into the syringe and then
injecting it into the buretrol of an IV apparatus,
how long in your experience would that take?

5

A. To administer it into the
buretrol?

6

7

Q. Yes.

8

A. A very short time indeed.

9

Q. Again a minute or less?

10

A. Yes.

11

12

13

Q. And if one were to draw up the
drug, and I am talking now for example digoxin, from
an ampule into a syringe to put it into the syringe
on a Sage pump, how long would that take?

14

A. Again a very short time.

15

Q. A minute or less?

16

A. Yes.

17

18

19

20

Q. And if one wanted to insert it
into the IV tubing that runs from the pump, the Sage
pump itself, into the patient, would that be the same
time frame as it would take to inject it into IV
tubing normally, or would that be more complicated?

21

A. That would be a little more
complicated.

22

23

Q. Would you have to actually inject
it into the syringe that was attached to the Sage

24

25



FF 8

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2

pump, or could you put it right into the tubing?

3

4

A. The tubing that is attached to the Sage pump is very fine and only holds 4 millilitres of fluid, and that is why I am having difficulty in answering your question.

5

6

Q. When you say it would be more complicated, it would take longer?

7

8

A. Yes.

9

10

Q. Can you help me as to how much longer it would take?

11

A. Another couple of minutes.

12

Q. Four or five minutes in total?

13

A. Yes.

14

15

16

17

18

19

20

Q. If someone on those wards who had frequent access to the wards, was intent upon deliberately interfering with a child or children, and was intent upon administering an unauthorized medication and wanted to be as secretive as possible in the process, what in your judgment, based on your knowledge of those wards, would be the chances of their being detected by anyone else on the ward?

21

22

A. I suppose their chances would be very slim.

23

24

Q. I am talking now about the long night shift, and you have told me there are at least

25



FF 9

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two ways that one could inject an unauthorized medication very quickly, indeed in a minute or less, correct?

5

A. Yes.

6

THE COMMISSIONER: I am sorry, is your answer "very slim" to be undetected or to be detected?

7

8

THE WITNESS: Very slim at being detected.

9

10

THE COMMISSIONER: A very slim chance of being detected?

11

THE WITNESS: Of being detected, yes.

12

MS. CRONK: Q. It would be easy not to be seen, or caught?

13

A. That's right.

14

Q. And if someone chose to attempt to do that, as heinous as the thought is, and I appreciate that, but if someone chose to do that and set about to be as secretive as possible and chose one of the busiest times on the ward, at night, would that have any significance for you in terms of the likelihood of their being detected? Would it reduce the risk of their being detected if they just wanted to do it at a busy time on the ward?

22

A. I have difficulty --

23

THE COMMISSIONER: It would depend

24

25



1

FF 10 2 perhaps on what they were busy at.

3 MS. CRONK: Q. I am sorry, sir,
4 perhaps I can make it a little bit clearer.

5 You had told me earlier in our now
6 rather lengthy discussion, that there are in your
7 experience peak periods of activity during the course
of a long night shift?

8 A. Yes.

9 Q. Do you recall that?

10 A. Yes.

11 THE COMMISSIONER: The taking of the
12 signs, the vital signs.

13 MS. CRONK: That is one of the times,
14 sir, that's right.

15 Q. You recall you told me that the
16 giving of medications at 9 o'clock in the evening is
a very busy period?

17 A. Yes.

18 Q. And at 8 o'clock in the evening
19 it is similarly busy, because as the Commissioner
20 points out that is when the vital signs are normally
taken?

21 A. Yes.

22 Q. Busy again at 12 o'clock at
23 night you told me for the same reason?

24

25



1

FF 11

A. Yes.

3

4

Q. And busy again at 4:00 in the morning for the same reason?

5

6

A. Yes.

Q. You have told me that the last several hours of the long night shift are busy indeed?

7

8

9

A. Yes.

Q. And my question to you is this. If someone was intent upon administering an unauthorized medication and they chose to try to do it, to accomplish it at one of the busy times on the wards, would that not even further reduce the chance that they would be detected or observed in doing it?

10

11

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A. Given those circumstances, yes.

Q. Wouldn't that necessarily follow from the fact that nurses at those particular times are very busy with their own responsibility?

A. Yes.

Q. Even if it were not a peak or busy time, you have told us that in your judgment the chances of being detected are very very small?

A. Yes.

Q. One final matter that I would like to ask you about Mrs. Radojewski. I would ask you to listen to my questions carefully before you



1

FF 12

2 answer them if you would.

3 Did you, prior to the discharge of
4 Susan Nelles, which occurred in May of 1982, did you
5 prior to that time observe anything or learn anything
6 which caused you to conclude that a particular
7 individual had deliberately attempted to intervene
8 so as to overdose a child on Ward 4A or 4B?

9 A. No, I did not learn anything.

10 Q. Did you observe anything to
cause you to believe that?

11 A. No, nor observe anything.

12 Q. Did you again prior to the
13 discharge of Susan Nelles in May of 1982, observe
14 anything, or learn anything from any source which
15 caused you to conclude that more than one person was
16 likely involved in deliberately attempting to overdose
a child on those wards?

17 A. No, I did not.

18 MS. CRONK: Thank you Mrs. Radojewski.
Thank you for your patience, I have no further
19 questions. Oh, I am sorry, sir, famous last words.

20 Q. You will recall, Mrs. Radojewski,
21 that earlier today I asked you to look at Kevin
22 Pacsai's medical chart over the break, the noon hour
23 break, did you have a chance to do so?

24

25



1

FF 13

2

A. Yes, I did.

3

4

Q. I was interested to know what you
were referring to when you suggested that you had
drawn your description of the child's diagnosis from
the neonatal form in the chart, do you recall the
discussion in that regard?

5

6

A. Yes.

7

8

Q. You did look at the chart?

9

10

A. Yes, I did.

11

12

13

14

15

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17

18

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Q. Mr. Registrar, could you show
the witness please Exhibit 106.

THE COMMISSIONER: Page?

MS. CRONK: I don't know, sir.

Q. You will recall, Mrs. Radojewski,
that in your notes, which you have told us you made
in the pathology lab when you were reviewing Kevin
Pacsai's chart, you described what you entitled a
cause of death, and you described it as:

"Ventricular fibrillation, hyperkalemia,
cardiac arrhythmias."

And you attributed that information to a neonatal
form, do you recall that?

A. Yes.

Q. Have you been able to locate in
the chart anything which, in your experience, is



FF 14

1

called a neonatal form?

2

3 A. The actual form does not appear
4 on the chart, but on page 87, number 11 --

5

6

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BmB.jc
GG

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Q. I'm sorry, page 87?

3

A. Yes.

4

Q. Yes, No. 11.

5

A. No. 11. One of the requirements for the attending staff or house staff is to complete one report of neonatal death for patients under 28 days of age and that is checked off as having been done and I am confident that that is what I saw in the chart in Pathology.

10

Q. You are suggesting that there is a form as is suggested on page 87 called a Report of Neonatal Death that's required to be completed on any patient who dies in the Hospital if the patient is under 28 days of age?

14

A. Yes.

15

Q. And does that report contemplate a description of the cause of death of the child?

17

A. Yes, as I recall it does.

18

Q. To the best of your recollection was there such a form on Kevin Pacsai's chart when you reviewed it in the Pathology lab?

21

A. There must have been for me to copy this cause of death and then I have quoted it as being from the neonatal form.

23

Q. And on the basis of the review

24

25



GG. 2

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2 of the chart which you again did at noon hour today,
3 did you find anything which you felt to have
4 referred, to have been the basis for your reference
5 to a coroner's report?

6 A. Page 85?

7 Q. Yes.

8 A. Is the only thing that I can see
9 on this chart, in this chart that refers to a
10 coroner's report and I am unfamiliar in looking for
them and I see that I have labelled it wrong.

11 Q. Do you know when this particular
12 report at page 85 of the chart was completed?

13 A. No, I don't.

14 MS. CRONK: Thank you very much,
Mrs. Radojewski. Thank you, sir.

15 THE COMMISSIONER: Yes, thank you.

16 Miss McIntyre?

17 MS. MCINTYRE: Thank you. Miss Cronk
18 wants me to use the other stand.

19 THE COMMISSIONER: Oh. Well, I don't
20 know that she ...

21 MR. PERCIVAL: She's not being
discriminatory, she said the same thing to me.

22 MS. MCINTYRE: Well, that's fine.

23 THE COMMISSIONER: All right. I think

24

25



GG. 3

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she is being a little possessive of that one if that's
the case.

4

MS. CRONK: I am like that, sir, at the
end of the day.

6

MS. McINTYRE: That's her prerogative;
no offence intended.

7

EXAMINATION BY MS. McINTYRE:

8

Q. Mrs. Radojewski, I have a few
questions for you. First of all, I would like to
ask you about your experiences on 5A briefly. I take
it that you have a total of approximately 10 years
in paediatric cardiology, is that right?

13

A. It is approximately, yes.

14

Q. And just prior to becoming Head
Nurse on 4A you had been Teaching Team Leader on 5A,
is that correct?

16

A. Yes.

17

Q. Could you describe very briefly
what your role was as teaching team leader?

19

A. Briefly it was orientation of
any new staff hired for the ward, ongoing staff
orientation, delegated head nurse duties when the
head nurse was on vacation or on days off excluding
weekends.

23

Q. And in that role would you have

24

25



GG. 4

1

2 contact with patients on the ward?

3

A. Yes.

4

Q. And you also have a number of
years as being a staff nurse on the cardiology floor?

5

A. Yes.

6

Q. With infants. Prior to the 36
deaths that are the focus of these proceedings, had
you seen other deaths among infant cardiac patients?

7

A. Yes.

8

Q. Were there such deaths among
the patients on 5A?

9

A. Yes, there were.

10

Q. Did some of these patients die
on the ward itself?

11

A. Yes.

12

Q. What about the ICU?

13

A. There were patients of ours that
died in ICU.

14

Q. And the OR?

15

A. Yes, and the operating room.

16

Q. At the time if a 5A patient
died in surgery or after surgery on going to the ICU,
would you have been aware of it?

17

A. Yes.

18

Q. And would you have considered

19

20

21



GG. 5

1

2 that to be the death of a 5A patient?

3 A. Yes, we would have.

4 Q. From what you recall, how many

5 deaths in, say, on a monthly basis, is it your
6 impression there were while you were working on 5A,
7 and at the moment I am including both those deaths
8 that occurred on the ward as well as ICU and in surgery.

9 THE COMMISSIONER: Haven't we got
10 those figures, have we had them?

11 MS. MCINTYRE: Yes, I believe we have
12 had various charts, Mr. Commissioner, but I would
13 like to establish this witness' impression with
14 respect to the deaths before she went into the period
15 in question.

16 THE COMMISSIONER: Since we have the
17 actual figures, they don't seem to have been disputed,
18 it would seem a little unfair to her to ask her to
19 estimate what it is if we know what they are.

20 MS. MCINTYRE: Well, I don't have the
21 exact exhibit number, Mr. Commissioner, that's fine
22 with me.

23 THE COMMISSIONER: Well, it is an
24 early exhibit number, it is a very early exhibit
25 number.

(2)

MS. MCINTYRE: As I remember, there



GG.6

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2 were very colourful charts produced by the Hospital.

3

4 THE COMMISSIONER: We have had that one
5 too but we have had Dr. Bryson produce all these
6 charts and I don't know if they have been disputed.

7

8 MS. CRONK: Sir, you will find the
9 charts beginning at Exhibit 36, the nine-month period --

10

11 MS. MCINTYRE: I believe it is the one
12 that the Hospital produced that showed the deaths on
13 the various units, Mr. Commissioner.

14

15 MS. CRONK: Well, the Commissioner is
16 right, there are two before him and there is one that
17 is Exhibit 39 that was put in through Dr. Bryson.
18 Mr. Roland?

19

MR. ROLAND: I'm sorry?

20

21 MS. CRONK: As to the exhibit number
22 that is put in through Dr. Bryson?

23

24 THE COMMISSIONER: 34 is the On Ward
25 Deaths by Period.

26

27 MS. CRONK: You will find 39, sir, is
28 the deaths for four periods of time.

29

30 MS. MCINTYRE: Those are just the on
31 ward deaths. What I was asking the witness --

32

33 MS. CRONK: No, that's the total deaths.

34

35 THE COMMISSIONER: Well, we have the ICU
36 deaths by time for all periods and we have the total

37

38



GG.7

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deaths by time, that is Exhibit 39. Wouldn't it help?

3

MS. MCINTYRE: Yes, I'm sure it would.

4

5

THE COMMISSIONER: If you just want her impression, her impression won't be as valuable to me unless she has an educated impression.

6

7

MS. MCINTYRE: That's true, Mr. Commissioner. I was really trying to establish her state of mind going into the period on 4A/B.

9

THE COMMISSIONER: That's fine.

10

11

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MS. MCINTYRE: Perhaps I can dig out those exhibits and show them to the witness overnight and she can consider them. At the moment I was mainly interested in her impressions and in her experience with arrests prior to the epidemic period.

Q. Mrs. Radojewski, do you feel

that you can give us your impression as to the death rate on 5A, and that would include deaths not only on the ward but 5A patients who died in surgery or in going to the ICU?

A. From my recollection of time on

5A our deaths tended to come in some clusters and on average, if it is averaged out over a year I suppose we may have lost between two and three children, including those three places.

Q. And it is your impression that



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2 those deaths occurred in clusters?

3 A. They seemed to, that's my
4 recollection.

5 THE COMMISSIONER: I am sorry, the
6 average is two to three children in a year, did you say?

7 MS. MCINTYRE: Per month I believe
8 she said, Mr. Commissioner.

9 THE WITNESS: Per month.

10 THE COMMISSIONER: Oh, per month per year.
11 Where did I get year, did you say something about
12 year?

13 THE WITNESS: I said if it is averaged
14 out over a year.

15 THE COMMISSIONER: Oh, I see, so, it is
16 three children per month.

17 MS. MCINTYRE: Q. And what is your
18 impression as to how many of those would have occurred
19 on the ward itself?

20 A. Again one or two.

21 THE COMMISSIONER: One or two children
22 per month on ward?

23 THE WITNESS: Yes.

24 MS. MCINTYRE: Q. So, I take it, Mrs.
25 Radojewski, that when you moved to 4A that patient
death was not a new experience for you?



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A. No, it wasn't.

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THE COMMISSIONER: Well, before we do this. You see, this is what to me is, unless there is some error, but On Ward Deaths by Period, Exhibit 34, there were apparently six in nine months. Is that the immediate nine months before that, and five in - no, that's before that. Now, that is not so far out from one or two but it really is less than one, isn't it?

MS. McINTYRE: Well, it is, Mr.

Commissioner. I take it that Mrs. Radojewski's --

THE COMMISSIONER: You are leading her up the garden path with that sort of thing when we have the figures.

MS. McINTYRE: Mrs. Radojewski's impressions, as I understood it, were based on her experience over her 10 years as a nurse.

THE COMMISSIONER: Oh, I see, all right.

MS. McINTYRE: I mean, that was just dealing with the nine-month period just prior to coming on the ward.

THE COMMISSIONER: Yes, okay.

MS. McINTYRE: Q. Mrs. Radojewski, can you tell us if you recall making any observations about the type of patient you were receiving on the 4th floor as compared to the 5th floor?



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A. My observations were that we
were getting more infants of a sicker nature. We
seemed to be having infants with complex heart
disease that were coming to us quite ill.

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Q. And how did that compare with
the type of patient that you were exposed to on the
5th floor?

4

A. We had many infants on the 5th
floor as well, they just did not seem to be as small
or have as many with complex heart lesions as we had
seen on 4A.

5

Q. Was there any difference in the
care required for the type of patient you are talking
about, the younger, sicker infant?

6

A. The younger, sicker infant
often required more monitoring equipment and usually
some closer observation by the nurses.

7

Q. Did you notice any change in
the need for monitoring equipment on 4A as opposed
to 5A?

8

A. It seemed that we were in short
supply very frequently on 4A as compared with 5A.
We had shortage periods as well on 5A, it just seemed
more often I was having to deal with hunting out
monitors from other areas of the Hospital.

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Q. You are referring to cardiac monitors, are you?

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A. Cardiac monitors and apnea monitors and intravenous monitoring systems.

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Q. And would that include Ivacs and sage pumps that you have referred to?

7

A. Yes.

8

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Q. How many cardiac monitors were there on 4A, do you recall?

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A. 4A and 4B shared their monitors and we had, I believe it was five, we were in the process of trying to purchase one a year.

13

THE COMMISSIONER: These are cardiac monitors?

14

THE WITNESS: Yes, cardiac monitors.

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MS. MCINTYRE: Q. And what type of patient would they be needed for?

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A. They would be needed for patients who were experiencing any arrhythmia problems, any of the small babies who were having bradycardic spells. There were times when we couldn't get an apnea monitor we would unfortunately make do with a cardiac monitor because often when a child is experiencing some apnea their heart rate will fall and that would alert us sooner.



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Q. You have told us that you
perceived the patient population as being younger and
sicker. Did you attribute this to anything in
particular?

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A. I was left with the impression
that we were getting infants, some of our infants
came from transferring hospitals and they were coming
to us extremely ill and more than once we may have
commented that why couldn't they have come to us
sooner. It seemed to me that we would get sick
infants at the beginning of a weekend. With the
complex heart lesions, I believe, it was my feeling
that doctors in other hospitals and perhaps smaller
centres were becoming more aware of heart disease in
the newborn period. They were on the lookout for
and perhaps diagnosed a murmur, and this is certainly
no reflection on their abilities, but it seemed to
me that they were not picking up the complexity of
the heart lesion before the children arrived and
hence they were arriving and getting into serious
difficulty fairly quickly.



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Q. Do you have any explanation
as to why the change in patient population should
have coincided --

THE COMMISSIONER: I'm sorry, I
wonder if I could interrupt?

MS. MCINTYRE: Certainly.

THE COMMISSIONER: I don't quite
understand that. You say doctors were becoming
more aware of heart disease and then you say they
apparently were less aware. They were being too
slow in transferring.

THE WITNESS: Basically that is what
I am saying.

They were less aware of perhaps the
complex lesions in that their impression on trans-
ferring a baby might have been a simple - this is
just an example - ventricular septal defect when
in fact the child was much sicker and had more com-
plex heart lesions.

They were picking up murmurs but not
the seriousness of it.

THE COMMISSIONER: Yes. Well, I
guess --

THE WITNESS: This is a nursing
impression.



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THE COMMISSIONER: They were becoming more aware of heart disease but they weren't reacting to it, is that what you are saying, properly weren't -- they knew about it but they weren't dispatching the children quickly enough?

THE WITNESS: The impression I was left with - it is an unfortunate choice of words - was that I felt that there were times they could handle it on their own and then when the child did get into difficulties they came to The Hospital for Sick Children.

THE COMMISSIONER: Yes. All right.

Thank you.

MS. MCINTYRE: Q. What doctors are you referring to? Are you talking about pediatricians in the community?

A. Not in our immediate community. It seemed to be children from outlying communities.

Q. Are you saying that their awareness of heart disease was increasing over time?

A. Yes, and this is over a period of years. It is not just that it happened suddenly.

Q. When you say they were less aware of the seriousness or the type of heart lesion,



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HH3 2 they were less aware than who? Who were you referring
3 to there?

4 A. The pediatric cardiologists.

5 Q. They would not be expected
6 to have the same degree of sophistication of
7 knowledge as a pediatric cardiologist I take it?

8 A. That is right.

9 Q. Can you explain why this
10 change in the patient population should coincide with
11 the change from the 5th floor to the 4th floor?

12 A. I am not sure I understand
what you are asking me.

13 Q. You indicated you perceived
14 a change in the patient population.

15 A. Yes.

16 Q. And I take it that this
17 change occurred at the same time as you changed from
18 the 5th floor to the 4th floor, and you say that
19 the patients on the 4th floor seemed to be younger
and sicker.

20 A. Yes.

21 Q. Can you explain why those
22 two should have coincided?

23 A. No. I have no explanation.
They just appeared that way to me.

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Q. You had also indicated to
Ms. Cronk that you thought the patients on 4A were
younger and sicker than those on 4B. Is that in
addition to the phenomena you are telling us about
now?

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A. No.

7

Q. Well, what do you mean that
the patients on 4A appeared to be sicker than the
ones on 4B?

10

A. There were times when we
had -- I can remember Miss Costello saying that when
we were looking at ICU transfers that it was about
time they took some of the sicker ones. It's just
an impression that I am left with.

14

Q. Can you tell us who made the
decision as to where new admissions would go as
between 4A and 4B?

17

A. Miss Costello and I did it
jointly.

19

Q. Did the cardiologists have
an input into that decision?

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A. Not at that time.

22

MS. MCINTYRE: Mr. Commissioner, this
will probably be a convenient place to stop for the
day.

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THE COMMISSIONER: Yes. I would just like to make sure -- you say the cardiologists didn't decide about 4A and 4B? You and Mrs. Costello?

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THE WITNESS: Miss Costello and I.

6

THE COMMISSIONER: Miss Costello and you decided, and presumably you would know. Well, what happens if a child came in in the middle of the night?

9

THE WITNESS: Well, then it depended on the available bed space and whether or not -- the reason it became more or less a nursing decision, if we had prior knowledge of the child or had met the family --

13

THE COMMISSIONER: I see that in the Tour End Reports that you are anticipating the arrival of some child.

16

THE WITNESS: Yes.

17

THE COMMISSIONER: Then you would decide between you and Miss Costello whether it would go to 4A or 4B?

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THE WITNESS: Yes.

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THE COMMISSIONER: Then based on the same criteria whether there were -- which had more beds. That sounds like the reason, but that needn't be. Any other basis?

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THE WITNESS: Any other basis for?

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THE COMMISSIONER: For which ward
4 you put the child in.

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THE WITNESS: With the availability
6 of the beds?

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THE COMMISSIONER: Yes. Did anything
8 else affect it?

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THE WITNESS: If we had prior
knowledge of the family.

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THE COMMISSIONER: Yes. But what
11 Miss McIntyre was saying, based on something said
12 by Miss Cronk, you said you thought 4A were getting
13 sicker babies than 4B. Was that just by accident?
14 It wasn't by design?

15

THE WITNESS: That's right.

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THE COMMISSIONER: It just happened
that way?

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THE WITNESS: Yes.

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THE COMMISSIONER: I see. All right.

19

Unless you want to follow that up
20 for any reason.

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MS. MCINTYRE: No, I think that is
all right.

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THE COMMISSIONER: I think Mr. Tobias
23 would like to know how long you are going to be. I
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HH7 2 wouldn't dare ask.

3 MR. TOBIAS: My only difficulty is
4 I may be in some difficulty tomorrow afternoon. My
5 own poll indicates that I probably don't have a
6 problem because I don't think I will be reached
7 tomorrow.

8 THE COMMISSIONER: Well, would you
dare --

9 MS. MCINTYRE: Well, we always rely
10 on Mr. Tobias for his polls.

11 MR. TOBIAS: So did Walter Mondale!

12 MS. MCINTYRE: Well, there you go!
13 I would anticipate being certainly
14 another hour at least, Mr. Commissioner.

15 THE COMMISSIONER: Yes. Well, do
16 you want to give any indication, Mr. Brown?

17 MR. BROWN: I say no more than 45
minutes.

18 THE COMMISSIONER: Miss Forster?

19 MS. FORSTER: 20 minutes to half an
hour.

20 THE COMMISSIONER: Mr. Hunt?

21 MR. HUNT: It could be in the
22 neighbourhood of a couple of hours.

23 THE COMMISSIONER: Well, I think that

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may well occupy tomorrow, so I don't know what your
poll indicated but it certainly wouldn't seem -- I
am quite prepared to sit on Friday but I don't
imagine anybody else is.

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MS. CRONK: Well, sir, not to introduce an ominous note and having just sat down myself after two days, it is somewhat presumptuous, but I do raise this caution to counsel: It is our hope we will be able to call next week Janet Brownless as the next witness and to complete her evidence. And as most counsel now know the next week after that the Commission will be in a break.

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THE COMMISSIONER: Yes.

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MS. CRONK: I am concerned that her evidence be complete by the end of next week, and if necessary I will be asking you to sit on Friday of next week to do that.

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THE COMMISSIONER: Well, I don't mind that but I think that most people would rather, if they are going to get away, would rather if we sat Friday this week than next week.

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MS. CRONK: That is why I stood now, because I think it is a distinct possibility.

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THE COMMISSIONER: What do you say,

Miss McIntyre?



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MS. MCINTYRE: Sir, I have other
commitments on Friday of this week.

THE COMMISSIONER: Well, we may have
to -- we will just see what happens. We will see
how far we get but I don't know that Miss Brownless
is going to be that long.

MS. CRONK: I am not suggesting that
she will be, sir, but I can easily anticipate that
Mrs. Radojewski will certainly be here Monday next
and I just raise it as a potential so that counsel
might --

THE COMMISSIONER: Well, tomorrow
we might sit a little later in the day and we may
start earlier on Monday morning or something like that.
I take it your commitment is only for Friday, is it,
Miss McIntyre? It is not for tomorrow night or
tomorrow afternoon?

MS. MCINTYRE: No, I am perfectly
willing to stay.

THE COMMISSIONER: All right. We will
see how we make out and act accordingly. Until
tomorrow at ten o'clock.

--- whereupon the hearing was adjourned at 4:35 p.m.
until Thursday, the 1st day of March 1984, at
10:00 a.m.

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